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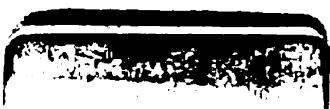
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introduction

In the continuing world struggle between dictatorship and democracy, it is important to study and re-evaluate the lessons that have come down from periods of national emergency. One of these is that democracies are able to mobilize their resources to achieve a mission in which all citizens are united.

The nurses of the country—and those who worked with them in planning, organizing, and directing their voluntary mobilization in World War II—may well be proud that the unprecedented needs for nursing services both in the war theaters and at home were met. Contributing in a major way to this achievement was the United States Cadet Nurse Corps.

It is sometimes said that, although formation of the Corps was a practicable means of augmenting the country's nursing force, the Corps was not started soon enough. On the other hand, it is the belief of many authorities that the Corps prevented a major breakdown in nursing service during the war. Certainly the Corps provided first-hand evidence of the practicability of accelerated training. The Corps demonstrated the wisdom of a unified approach toward meeting both civilian and military requirements by increasing the total nurse power of the nation. Quite apart from its contributions toward winning the war, the Corps also has been a major factor in the provision of much-needed nursing service during the postwar years.

The story of the Cadet Nurse Corps, its aims and accomplishments, its difficulties and the problems that it solved—in short, what it was and what it did—are set forth in the following volume. It should serve as a point of departure for any purposeful study of wartime nursing service and as a lesson in democracy.



1. why the corps?

One morning in the summer of 1944, an 18-year-old girl stopped to look at a poster in the window of her local drug store. It could not have been more persuasive if it had been designed for her alone. The United States had been at war for 2½ years; the girl was just out of high school. The country needed her; she wanted a job—and a career. The answer was right there before her. From the large, bright poster, another young woman—this one in uniform—urged her to join the United States Cadet Nurse Corps.

Like 65,000 other young women that year, the girl at the drug store window was caught up and carried along by the greatest recruitment of student nurses in history. However they learned about the Corps—through radio programs, newspaper or magazine stories or posters, or through their schools—they answered the call in swelling numbers. Formation of the Corps in mid-1943 marked the beginning of the end of one of the most serious and troublesome problems of a great Nation at war—the recruitment and training of enough nurses to meet both military and civilian needs in a period of skyrocketing demands for manpower and womanpower.

Climaxing the work that had been going on since before Pearl Harbor to build up the country's nursing resources, Uncle Sam came up with an answer. After a few months of training, it was argued, three student nurses would be able to replace two graduate nurses for many hospital activities and free the graduates for other posts. So the Government struck a bargain with the young women of the country. Uncle Sam would finance their training as nurses—and even keep them in pocket money—if they, for their part, would agree to put their training at his disposal.

It was a fair bargain. Like her sister cadets, the girl of the drug store window signed this pledge:

In consideration of the training, payments, and other benefits which are provided me as a member of the United States Cadet Nurse Corps, I agree that I will be available for military or other Federal, governmental, or essential civilian services for the duration of the present war.

Behind that agreement lay months of research and planning by Government and other organizations. The chain of events which led to the establishment of the Cadet Nurse Corps is discussed in this and the succeeding chapter.

The need for an expansion of the Nation's nursing force had become apparent long before this country was drawn into the war. As far back as early 1940 nursing organizations, Government agencies, hospital administrators, and other were beginning to give attention to the problem. Here and there, individual nurses were enrolling in the First Reserve of the American Red Cross and volunteering for military service. The American Nurses' Association sent a telegram to the President offering its facilities "to any nursing activity which can be of service to the country." The National League of Nursing Education appointed an advisory committee to the Red Cross to consider plans for emergency nursing service. But the efforts of professional nursing organizations had not yet been coordinated. There was no central group to explore the problem of how to provide enough nurses if war came.

The need for such a united effort was emphasized by Isabel M. Stewart, professor of Nursing Education of Teachers College, Columbia University, and board member of the National League of Nursing Education. On July 10, 1940, Miss Stewart, who had been a leader in her profession in World War I, wrote to Stella Goostray, president of the League: "I believe we should have a committee or board that is representative of the nursing profession as a *whole* and that it should be at work *now*. . . ."

In the same month—July 29—representatives of the national nursing organizations met in New York City under the auspices of the American Nurses' Association and formed the Nursing Council on National Defense. Its purpose was to coordinate all defense activities of the professional nursing organizations. (See appendix A-1.)

In Washington, meanwhile, the great national defense program was beginning to take shape. The Council of National Defense, established originally in 1916, was reactivated. Composed of Cabinet members, the council had the responsibility, among others, of coordinating "industries and resources for the national security and welfare." On September 19, 1940, the council established a Health and Medical Committee to advise it on health and medical aspects of national defense, and to coordinate activities in these fields. The committee, in turn, set up special subcommittees on Medical Education, Hospitals, Dentistry, Nursing, Industrial Health and Medicine, and Negro Health, the Subcommittee on Nursing having been organized on November 20, 1940.

On November 28, 1940, the Council of National Defense established the Office of the Coordinator of Health, Welfare, and Related Defense Activities. The function of this office was to coordinate all health, medical, welfare, nutrition, recreation, and other related fields affecting the national defense. On the same date the Health and Medical Committee, with its subcommittees, was transferred to the Federal Security Agency. Paul V. McNutt, Federal

Security Administrator, headed both the Office of the Coordinator and the Health and Medical Committee. This was continued until September 3, 1941, when the Office of the Coordinator of Health, Welfare and Related Defense Activities was abolished, and the Office of Defense Health and Welfare Services was established in the Office for Emergency Management. At this time the Health and Medical Committee was reestablished within the new Office of Defense Health and Welfare Services. (See appendix A-2.) On April 29, 1943, the Office of Defense Health and Welfare Services was abolished, and its functions transferred to the Office of Community War Services.

The Subcommittee on Nursing, following its organization on November 20, 1940, announced these objectives: (1) to analyze the country's military and civilian needs for professional nursing and auxiliary nursing services, (2) to plan a program for meeting these needs, and (3) to correlate nursing services of the United States, as necessary, with the nursing services of allied countries. (See appendix A-3.)

Creation of the Nursing Council on National Defense and the Government's Subcommittee on Nursing were the first concrete steps toward national coordination and reinforcement of what was then, as it is now, the largest single group of professional health workers. It soon became apparent that additional staff would be needed. Mary Beard, chairman of the subcommittee, obtained the loan of Alma C. Haupt from the Metropolitan Life Insurance Co., where she was director of the company's nursing bureau, to serve as nurse consultant to the Health and Medical Committee and as executive secretary of the Subcommittee on Nursing. Since recruitment of student nurses was a vital factor in the planning, a public information position was established, and Jean Henderson, public relations director of the Florida State Board of Health, was employed to handle the campaign. At the request of the Health and Medical Committee, the Red Cross paid the costs of this position.

On July 1, 1941, following extensive separate study by the various groups and organizations concerned with the nursing problem, the first joint meeting of governmental and professional groups was held. The purpose of this meeting was to delineate respective responsibilities of the nursing profession, as represented by the Nursing Council on National Defense of the national nursing organizations, and of the Government, as represented by the Subcommittee on Nursing, and to chart in broad terms a course of cooperative action. This meeting was largely devoted to exchange of information on activities within the two main areas, and establishment of regular channels of communication and consultation. It was followed by the appointment of Elmira Bears Wickenden as executive secretary of the council to work with Miss Haupt in developing maximum cooperation between the profession and the Government. The Council, with headquarters in New York, maintained close touch with the professional groups, while the subcommittee, from its

Washington headquarters, worked closely with all Government agencies concerned with the problem, as well as with the Red Cross.

The Subcommittee on Nursing saw as its foremost independent responsibility the fullest possible integration of Government programs having to do with the various phases of the nursing problem. It worked to coordinate the war nursing programs of the many Federal agencies concerned, notably Army, Navy and Public Health Service. It served as the Advisory Nursing Committee of the Office of Civilian Defense, and later, of the Office of Foreign Relief and Rehabilitation. It became a clearing house for information and an information service on nursing for many Government agencies.

Simultaneously with the creation of the Subcommittee on Nursing, the new Office of Civilian Defense, under Mayor LaGuardia of New York, had announced the formation of a Medical Division (see appendix A-4). This was headed by Dr. George Baehr of New York and staffed by Public Health Service officers. In October 1941, a nursing section was established by the division. Dr. Baehr's group saw two aspects of the nursing problem: to meet the potential need for nurses and, at the same time, to protect and maintain professional nursing standards.

Well before the United States was at war, the needs had been defined: (1) to step up recruitment of student nurses; (2) to educate further and better prepare graduate nurses; (3) to induce professionally inactive nurses to return to service and, if necessary, to take refresher courses; and (4) to train and use voluntary nurses' aides under professional supervision.

The profession for some years had been aware of the need to recruit more and better qualified students, to improve schools of nursing, both basic and advanced, to provide for better distribution of nursing service, and to improve conditions of work and pay.

As the country pulled out of the depression of the 1930's, nurses generally had ample work. There was a sharp increase in the use of hospitals, due in part to the expansion of medical and hospital insurance plans. Developing social security and public health programs, increasing use of private duty nurses, the need for additional industrial nurses—all helped to build up the demand for nurses on the home front. By the time the defense programs were under way there was a shortage of nurses in this country, and recruitment of student nurses by traditional methods was proving inadequate. The situation was complicated by the fact that, while needs in case of war could be estimated, the actual nursing strength of the Nation at this time was not known.

For that reason, the first concerted effort of the profession was to get an accurate accounting of all professional nurses in the United States. Registries of the national and local nursing organizations indicated only in part where nurses were and what they were doing. The first national inventory of nurses was planned in 1940 and undertaken in 1941. At the first meeting of the Nursing Council on National Defense, the American

Nurses' Association, National League of Nursing Education, and the National Organization for Public Health Nursing all agreed to act as cosponsors of the survey and to petition the United States Public Health Service for its official and financial sponsorship. This national inventory of registered nurses was directed by Pearl McIver of the Public Health Service and was largely financed by that agency, with the Subcommittee on Nursing serving in an advisory capacity, as did the Nursing Council on National Defense. The cost of the survey was \$100,000. To this sum, the American Red Cross contributed \$5,000 and the Health and Medical Committee \$10,000. The executive secretaries of State nursing organizations were appointed special agents of the Public Health Service to direct the survey at State and local levels.

The inventory revealed that in 1941 there were 289,286 registered nurses in the United States. Of these, 173,055 were actively practicing in the profession. This was a registry of active nurses more than double the number available in World War I. But an unprecedented demand for nursing service was developing. A few months before this country was at war, the American Red Cross, the official recruiting agency for the Army Nurse Corps, reported that the Army was requesting 4,000 additional nurses to help care for new recruits. Veterans' and non-Federal hospitals were both expanding. Large industrial installations and the boom towns they created were beginning to rise all over the country. Hospitals and nursing schools were in need of more teachers, supervisors, and head nurses to handle the students, the volunteer aides and the graduate nurses coming in for refresher courses.

When war came and doctors were called into military service, it was apparent that nurses would have to shoulder more of the burden of health care on the homefront. Health authorities were faced with the question not only of how to supply nursing care for the military forces but how to replace at home the nurses who joined the Army and Navy, and meet expanding demands.

A number of methods were considered to augment the nursing supply. One was to call inactive nurses back to duty and to plan refresher courses for them. Another was to enlist volunteer aides who could handle some duties in the hospitals. This latter became a project of the American Red Cross and the Nursing Section of the Medical Division of the Office of Civilian Defense. A third method considered was to close down hospital wards to lighten the civilian demand for nurses. Still another was to bring more young women into nursing schools and to turn them out faster.

In emphasizing the importance of training more nurses, Miss Stewart wrote in October 1941: *"That plan takes longer but it helps to supply some of the nursing service needed in hospitals. Its great advantage compared with the excessive use of aides, helpers, and the like, is that the student nurses become more capable the farther they go in the educational program. We must not forget, however, that the addition of more students means the expansion of our present educational machinery, which is already under considerable strain and operating on very narrow margins."*

Of the alternative proposals of increasing the total supply of nursing services that of augmenting the enrollment of the existing schools of the nation and enlisting volunteer nurses' aides was chosen. The increased number of students in nursing schools who gave service while they learned and ultimately added to the supply of graduate nurses greatly supplemented the total nurse power of the nation from which was drawn the graduate nurses who served with the military. In this process student nurses were given the satisfaction of making a major contribution to the war effort and at the same time were qualifying for membership as full fledged workers in an essential profession.



2. *first federal aid*

Nursing leaders of World War I were convinced that the preparation of nurses for the demands of war could not follow traditional peacetime ways. Two different methods of training more nurses were weighed by non-governmental and governmental councils. One suggestion was that separate Government schools of nursing be established; the alternative, of course, was to increase enrollments in existing school facilities.

In the First World War the Army had had its own School of Nursing. To reestablish and expand the Army school was a plan favored by a few veterans of the nursing profession. But at the onset of World War II, the Army was disinclined to undertake again the training of nurses. While 21,480 women served with the Army Nurse Corps in 1918, it was estimated that at least twice that many nurses would be needed to care for an armed force of 8,000,000 men. The Army held that it had neither the facilities nor the personnel to train that number of nurses. The burden of supplying military as well as civilian needs rested, therefore, with civilian nursing organizations and health authorities.

The Nursing Council on National Defense, voicing the united opinion of the several nursing organizations, threw its support to the training of more nurses in existing schools. The council favored this method as the most economical and productive. Accordingly, the profession undertook to step up enrollments in schools of nursing. But initial campaigns to increase nursing classes were handicapped by shortages of clinical facilities and housing; classroom space was inadequate; there were too few instructors.

While nurses of World War I had learned that emergency training can and did work, they also knew that too great an expansion in the profession could leave a peacetime Nation with large numbers of nurses unemployed. So while there was general agreement that enrollment should be increased, there was also a tendency within both the profession and the Government to hold such increases within conservative limits. A suggestion that the

need for nurses could be met by a 10-percent increase in enrollment, by encouraging inactive nurses to take refresher courses, and by using volunteer nurses' aides, gained considerable support.

But even this conservative increase in enrollment did not materialize. So, in February 1941, Miss Stewart of the Nursing Council presented to Dr. John W. Studebaker, United States Commissioner of Education, a "proposal to expand the present nursing education program to provide for national defense needs."

The proposal was that the Federal Government give financial aid to selected schools for basic training, to schools offering refresher courses, and to postgraduate schools for the training of nursing specialists. It also recommended a subsidy for the preparation of auxiliary nursing personnel. The council estimated that 10,000 additional nurses would be needed in 1941 and suggested that the Federal Government appropriate funds to refresh and supplement the training of that many inactive graduate nurses. Scholarships for nursing school recruits were recommended. The proposal urged the Government to contribute \$12,000,000 to the education of nurses by the end of June 1942.

With the endorsement of the Health and Medical Committee and its Subcommittee on Nursing, the request for Federal aid to nursing education was submitted by the Office of Education to the Bureau of the Budget. Bureau officials were attracted to the plan for refresher courses as being a time and money-saving method of increasing nursing service. But they were not so quickly convinced that basic training should be subsidized. Although the council pointed out that students contribute service throughout their training, the Congress and the Bureau of the Budget were not at first persuaded that a plan to increase school enrollments could be considered an emergency measure. However, the need for such a subsidy was eventually recognized and from 1941 to the end of World War II, the Federal Government was to appropriate more than \$175,000,000 for the education of nurses, most of which was for the training of students.

A few months after the first proposal for Federal aid was submitted to the Bureau of the Budget, it was introduced in Congress as a program to be administered by the Public Health Service. However, the proposed expenditure was cut from \$12,000,000 to \$1,200,000. In the Labor-Federal Security Agency Appropriation Act of 1942, the Seventy-seventh Congress appropriated that sum for the education of nurses. The funds became available July 1, 1941.

The act—Training for nurses, national defense—provided for three types of training: (1) Refresher courses for inactive registered nurses; (2) postgraduate education in special fields for graduate nurses; and (3) increased student enrollment in basic nursing schools. The Surgeon General of the Public Health Service was empowered to establish regulations for the administration and allotment of funds. These were issued and were reviewed and approved by the nursing education advisors to the program

(see appendix A-5), by the Federal Security Administrator, and by the President. The regulations defined the requirements for participation in each type of program, the basis for the approval of plans, and the methods of payment to the participating schools. Thus, two years before the creation of the Cadet Nurse Corps, a method of Federal grants to nursing education was established.

In the Public Health Service, the administration of the program was centered in the Nursing Section of the States Relations Division, under Pearl McIver, senior public health nursing consultant. A civil service classification for the position of nursing education consultant had been set up, and several nursing educators were appointed. Among those assisting Miss McIver was Margaret Arnstein, formerly of the New York State Department of Health, who was succeeded by Mary J. Dunn. Serving as advisors for the Public Health Service in the project, in addition to the nursing educators, were the Subcommittee on Nursing of the Health and Medical Committee, and the Office of Defense Health and Welfare Services. The Federal Security Administrator was represented by his assistant, Mary E. Switzer.

All 1,330 State accredited schools of nursing in the United States were notified of their opportunity to participate in the first Federal aid to nursing education. All State accredited schools were eligible to apply for funds to establish refresher courses for inactive graduate nurses. Schools connected with hospitals having a daily average of 100 or more patients in the four basic services were eligible to apply for aid. Institutions offering postgraduate training had to meet standards equal to those recommended by the National League of Nursing Education and the Association of Collegiate Schools of Nursing. Aid for public health nursing programs was available to those schools which could meet standards of the National Organization for Public Health Nursing.

Regulations of the Surgeon General further established that approval of funds for basic nursing education be based on a review and evaluation of the quality of the program in the school, the economy of the plan, and the number of additional students who could be admitted, as well as the need for qualified nurses in the particular area. Criteria used were those published by the National League of Nursing Education in the "Essentials of a Good School of Nursing," "Essentials of a Good Hospital Nursing Service," and other publications.

Federal funds were used to provide scholarship tuitions for qualified applicants who could not afford tuition fees, for the subsistence of students added to the normal enrollment, for additional instructors and instructional facilities, and for affiliations in special services for those in basic training. The funds were not used for the construction of buildings, but were allowed for securing additional dormitory space. Cash allowances to students were not provided.

The act did not specify how the appropriation should be divided among basic, refresher, and postgraduate programs. Originally, it was thought that

the largest amount would be used for the establishment of refresher courses. However, when the first applications were tabulated, it was found that the requests for basic nursing programs were 40 times greater than requests for refresher courses. Therefore, of the initial appropriation, refresher programs were allotted \$45,000, for 1,404 graduate nurse enrollees; postgraduate programs received \$340,000 for 2,100 students, and basic programs received \$776,454, for an increase of 6,242 students. About one-third of the schools applying for basic training subsidies received Federal aid.

The fact that nursing schools would enlarge their classes with the impetus of Federal grants, and that young women could be attracted by scholarships, had been demonstrated by the time of our declaration of war. Shortly thereafter the Surgeon General, Dr. Thomas Parran, requested and was granted a deficiency appropriation of \$600,000 for the nurse-training program. This was to encourage schools to admit additional classes in June and to increase the enrollment of graduate nurses in the postgraduate programs.

The Subcommittee on Nursing and other advisors to the nurse training programs reevaluated the Nation's nursing needs. It was estimated that admissions to schools of nursing should be increased during 1942-43 from 45,000 students to 55,000. An increase of Federal aid for basic nursing education to at least \$3,500,000 was recommended. The Nursing Education Unit of the Public Health Service was requested to undertake field studies to determine where enrollments could be expanded.

Representative Frances P. Bolton, of Ohio, a champion of improved nursing education since World War I, was a strong advocate of increasing Federal aid. She was later to introduce in the House of Representatives legislation establishing the Cadet Nurse Corps. Representative Bolton relayed to Congress in 1942 a message from the nursing profession that still further expansion of schools might be required the following year.

Congress doubted financial aid for nurse education for the fiscal year 1943, appropriating \$3,500,000. The goals which were possible within the limits of the appropriation were reached. Participating schools increased their enrollment by 6,558 students. During the year, 28 institutions offered refresher courses to 816 inactive registered nurses, with part of the instructional cost covered by Federal grant. Institutions giving post-graduate studies were again allotted funds for tuition scholarships, student subsistence, and partial instructional costs. Postgraduate preparation was given 2,285 graduate nurses in 48 colleges and universities. These programs included preparing nurses for supervision, administration, teaching, and public health nursing. In addition, a limited portion of the appropriation provided special clinical training for graduate nurses in special clinical fields, in midwifery, and anesthesia.

But as the war progressed and employment increased, competition for womanpower also increased. Nursing leaders and hospital authorities held that if women were to be won to the nursing profession, a greater incentive

urses. At the ts for ' pro- gradu- programs of the petus ships. 10rly I was : pro- June duate than the existing Federal plan would be required. In consultation with governmental agencies, the professional nursing organizations argued that a new approach to student nurse recruitment must be developed if the nursing needs of the country were to be met.

This realization was based upon an analysis of national nursing resources and needs. A resurvey of all registered nurses in the United States was undertaken in January 1943, by the Public Health Service at the request of the Subcommittee on Nursing. A postcard questionnaire was prepared and distributed with the assistance of State nurses' associations. Replies were received from 259,174 registered nurses. The inventory revealed that, outside the Army Nurse Corps, 170,599 registered nurses were active, about one-third of them on private duty. About 100,000 were inactive. Two-thirds of all active nurses were 40 or under and perhaps eligible for military duty. It was estimated that approximately 100,000 nurses did not respond to the questionnaire.

By April 1942, there were 10,000 nurses in the Army and Navy, and the demand was for 10,000 more before July of that year. In 1943, the Army issued a call for a corps of 35,000 nurses. At the same time, about 17,000 nursing positions in expanding civilian hospitals were vacant, according to hospital authorities. The number of nurses employed by the hospitals and other institutions had decreased by 4,000 since 1941, the survey indicated. In 1943, the number of nurses engaged in industrial health work had doubled over 1941.

At the same time, the number of nurses in training was climbing steadily. In 1941, 41,397 women were admitted to schools of nursing, an increase of 3,284 over those recruited the previous year. In 1942, admissions reached 47,500.¹ Enrollment, however, was still not high enough. Nurses were constantly leaving to get married or to enter other work. "If we could be assured of the services of the whole group of nurses for 10 years," Surgeon General Parran then stated, "there would be no shortage of nurses. But the disappearance ratio from the profession is very high."

The National Nursing Council for War Service,² which continued to work with the Subcommittee on Nursing and the Office of Civilian Defense, summarized the problem this way: (1) Some civilians continued to demand special and luxury nursing services; (2) with increasing opportunities for well-paid jobs in industry, many nurses were leaving their profession for higher salaries; (3) State boards of nurse examiners were loathe to modify hard-won nurse practice regulations, and nurses whose licenses had expired found reentry into their profession tangled with red tape; (4) the military forces had recruited nurses in anticipation of action in the various theatres, and these waiting nurses wrote home discouraging letters about the Army Nurse Corps; (5) professional nurses in the Army lacked permanent status; (6) Negro nurses were not admitted by the military on an equal basis with

¹ Figures cited from *Facts About Nursing, 1944*, Nursing Information Bureau, American Journal of Nursing.

² The Nursing Council on National Defense was renamed National Nursing Council for War Service in 1942. It was largely financed by the W. K. Kellogg Foundation. Later it became the National Nursing Council.

white nurses and frequently not at all; (7) local, State, and even national nursing councils had no official status for the recruitment of nurses.³

Three times in 1942, the Office of War Information gave nursing its top radio priority, sending over the Nation's airways interviews, dramatic sketches, and spot announcements urging young women to join the profession. But still recruitment did not measure up to the demand.

The National Nursing Council for War Service then proceeded in 1942 to establish the Supply and Distribution Committee, believing that so long as assignment and procurement of nurses was on a voluntary basis, this could best be handled by the nursing profession. (See appendix A-6.) The work of this committee laid the foundation on which the Government later built the Nursing Division of the Procurement and Assignment Service of the War Manpower Commission. The Committee issued interpretative pamphlets,⁴ it sought the cooperation of rapidly-formed state and local nursing councils and of the profession generally. Yet despite its efforts, the Committee was forced to report to its Council that the problem of meeting ever-rising nursing needs of the Armed Forces and, at the same time, maintaining a necessary balance of civilian nursing service had not been solved.

Further restricted in its work by lack of funds, the National Nursing Council submitted to the Subcommittee on Nursing in September 1942, a tentative proposal for the establishment of a Nurses' Supply Board in the Federal Government. The Health and Medical Committee favored this recommendation, and with some modifications, forwarded the proposal to Mr. McNutt. The proposal was accepted, in principle, by the War Manpower Commission.

Consideration was given to placing such a nursing supply unit in the United States Employment Service, the Public Health Service, or the War Manpower Commission. The Subcommittee on Nursing proposed the establishment of a separate Nurses' Supply Board in the War Manpower Commission. This Board, to function as a unit of the Placement Bureau of the War Manpower Commission, was approved by the Federal Security Administration. The plan, with details of program, budget, advisory committee, and staff, was approved by the Bureau of the Budget. However, the Subcommittee on Labor of the House Appropriations Committee disapproved the proposed Nurses' Supply Board. Instead, a Nursing Division of the Procurement and Assignment Service for Doctors, Dentists, etc., was established on July 1, 1943. (See appendix A-7.)

In the same year, state nursing councils were attempting to refine the procedure of their recruiting committees and to meet recruitment goals. Local nursing organizations sent members to visit young women in their schools, colleges and homes. But the best efforts of volunteer and Government groups did not succeed in attracting enough girls to the wartime duties of nursing. That year, on June 15, the United States Nurse Corps was born.

³ From the History of the National Nursing Council.

⁴ One of which was entitled, "Priorities for Nurses," 1942.



3. creation of the corps

The Cadet Nurse Corps came into being with precedent for Federal aid to nursing education well established. The Corps offered to every qualified young woman the opportunity to prepare as a nurse on a Federal scholarship. Many factors shaped its final form.¹

Beyond succeeding in the mass recruitment of student nurses, an objective proposed to Congress by health and manpower experts without a single dissent, the nurse-training program attested to the cooperation that had been developed between the nursing profession and the Federal Government. The direction of the program, a task which required a nice balance between private and public interests, was in the hands of nursing leaders, enlisted to serve their Government, who had the constant advice of a group of professional people from many States. The success of the experiment also depended upon the willing collaboration of the country's hospitals and nursing schools. While the Federal program held to admission policies of the participating schools, and to the nursing education requirements of the various States, regulations of the Surgeon General had to be met to insure carrying out the intentions of the Nurse Training Act.

Out of the deliberations of many groups concerned with the problem of nursing service grew first the conceptions of a "Victory Nurse Corps." On January 9, 1943, the Subcommittee on Nursing² called a meeting of representatives of the National Nursing Council for War Service, the Public Health Service, the Subcommittee on Hospitals, and several nursing schools. These representatives appointed a committee to work out the details of a student nurse corps. (See appendix A-8.)

Before this committee was a proposal to admit 97,000 new students to schools of nursing in the fall of 1943. Since this was an unattainable goal, beyond the capacity of the schools, a quota of 65,000 recruits was established.

¹ The Subcommittee on Nursing and the pre-Corps experience in Federal aid to nursing contributed greatly to development of the Corps plan.

² Appropriations for the Health and Medical Committee were discontinued July 1, 1943, and on that date the Subcommittee on Nursing became inactive.

This quota, and all subsequent yearly goals of the Cadet Nurse Corps, was based upon the estimated needs of military, other Federal and non-Federal hospitals, and other health agencies. The Inventory Committee of the National Nursing Council for War Service, which had operated also under the Subcommittee on Nursing, consisted of representatives of the Army, Navy, other Federal groups, and nongovernmental agencies. In consultation with the Public Health Service, these representatives regularly reviewed wartime nursing needs. The figures presented by this committee in support of the large Federal subsidy in 1943 were as follows:

Available registered nurses by October 1943.....	274,000
Needed by military service by December 1943.....	61,000
Needed for civilian services.....	322,000
Shortage of graduate nurses for civilian service if military needs were met.....	108,000
Number of students needed to make up the shortage of graduates.....	162,000
Number of students in schools, fall 1943.....	84,000
Additional students needed.....	78,000
Necessary admissions to provide 78,000 students.....	97,000

Military and civilian services later carefully examined each other's stated figures on nursing needs, but not without controversy. The above statistics, however, are those presented for congressional consideration in connection with a new bill for nurse training. Congressional committees heard from many witnesses that recruiting goals possible, under the 1942 appropriation for nurse training, were not high enough to meet the need.

The request for 10 times the amount already appropriated was supported by this rationale:

1. The competition for womanpower was becoming very acute. The women's auxiliaries of the military forces and war industries were attracting many women who would ordinarily enter schools of nursing. While it was estimated that there were 7,000,000 women in the country who would have been available for full-time work, potential candidates for nurse training were limited largely to girls between 18 and 21 years of age who had been graduated from high school and were physically fit. In 1940, the total number of girls graduating from high school was 643,793. With 65,000 new nurse trainees as the goal for 1943, then 10 percent of each high school class would need to be induced to enter nursing. (See appendix B, table A.)

2. Under the competition of lucrative wartime job offerings, girls who would normally have been willing to pay for nurse training would be attracted to other fields, or would look for financial aid for their nurse training.

3. The pre-Corps plan for nurse training was based on the incentive principle. Schools received assistance in training nurses in excess of their prewar enrollment. This plan worked at a time when the maximum strength of the Armed Forces was estimated at 3,000,000. A different approach was necessary, as it appeared that constantly increasing military strength would demand a larger segment of the nursing population.

4. As larger numbers of graduate nurses entered military service, their home hospitals became increasingly short of nursing care. This call for nurses occurred at a time when civilian hospitals were crowded with patients. Since student nurses were contributing two-thirds of the nursing care in hospitals with schools, it was essential to increase the number of student nurses if service was not to fall to a dangerously low level.

Supporters of a Victory Nurse Corps held further that: (1) Uniforms and insignia would appeal to young women who might otherwise be attracted to other uniformed services; (2) payment of a stipend, while small, would cover some personal expenses in connection with a nursing education; (3) acceleration of the traditional 36-months' course to 30 would attract additional students and make them available for full-time services earlier; (4) provision for full maintenance, plus the stipend, would offset, to a degree, high salaries paid by industry; (5) the plan made it possible to receive an education for a life profession; (6) reimbursement of hospitals for partial costs of maintaining all students for nine months would provide an incentive to schools to increase enrollment.

Many of the factors influencing the form of the wartime training program were revealed in testimony before congressional committees prior to passage of the enabling Nurse Training Act of 1943.

"The nurse training bill has been drafted after much care and extended consultation with the nurse-training institutions of the country and their associations, and with hospital groups in the country," Surgeon General Parran stated on May 7, 1943, before the Senate Committee on Education and Labor of the 78th Congress. *"In fact, I should like to say for the record that there has been the closest possible cooperation between the Public Health Service and the professional groups who are concerned equally with us in this important problem."*

The first session of the Seventy-eighth Congress voted unanimously for the extensive nurse-training program. In the House of Representatives on March 29, 1943, Representative Bolton introduced H. R. 2326, a bill "To provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries through grants to institutions providing such training, and for other purposes." A companion bill was introduced in the Senate by Senator Josiah W. Bailey, of North Carolina, on April 9, 1943. Hearings on H. R. 2326 were held in the House on May 6 before a Subcommittee of the Committee on Interstate and Foreign Commerce.³ Hearings on S. 983 were held before the Committee on Education and Labor of the Senate on May 6 and 7.⁴ On May 10, H. R. 2664, a slightly modified version of the initial House bill, was introduced to committee and reported out May 12. Two days later, H. R. 2664 was passed by the House

³ Chairman of the Committee on Interstate and Foreign Commerce, 78th Cong., Clarence F. Lea of California; chairman of the subcommittee, Congressman Alfred L. Bulwinkle of North Carolina.

⁴ Chairman of the Committee on Education and Labor, 78th Cong., Senator Elbert D. Thomas of Utah.

of Representatives. This bill was referred to the Senate on May 24, where it was passed on June 4.

Witnesses appearing before both the House and Senate hearings were in unanimous support of the nurse training legislation which established the Cadet Nurse Corps, as it was to be called, and aided postgraduate programs. They represented hospitals—military and other Federal hospitals, and non-governmental institutions—professional nursing organizations, schools of nursing, boards of health, and governmental agencies concerned with manpower and health. Several hospitals also appealed for passage of the legislation.

One of the more forceful statements advocating the Nurse Training Act was made by Marion W. Sheahan, who represented both private and Government agencies—the National Nursing Council for War Service and the Subcommittee on Nursing. She summarized the consideration which led to the Corps plan in testifying in Senate hearings:

"We in the profession feel we have done all we can. We are competing with all of the other very spectacular and dramatic appeals to women of the country. . . . We do feel that in order to compete with all of the other attractions for young women, through industry paying large salaries, through the other women's activities of the Government—the WAAC's and the WAVES and the SPARS—that there must be some evidence that the Government considers . . . that nursing is essential."

"Federal aid to date," she continued, *"hasn't provided this appeal which will help the young women to consider some of these other things. Therefore, this bill offers a small stipend which will make it possible for young women to enter school and maintain themselves, and their personal needs; it offers the appeal that it is a governmental service with an insignia and wartime implication, and it also offers the help to the schools of the country which will make it possible for them to admit the students.*

"Lastly, we feel that opening up the governmental hospitals and the hospitals under the Army and Navy will provide extra clinical facilities so that students can actually be given reasonably sound nursing education.

"We have now come to the point where we feel justified in asking for this aid, because without it we just don't see that we could do the job."

Hospital support of the proposed legislation was advanced by Dr. Claude W. Munger of the American Hospital Association when he stated before the House committee: *"The shortage of nursing personnel is serious. . . . In some places it is desperate."* Pointing out that 90 percent of the nursing schools were owned or controlled by hospitals, he said: *"If they can increase the enrollments in their schools of nursing there will be some replacement in the hospitals of the graduate nurses who have had to go to the military."*

Rev. John G. Martin of the American Protestant Hospital Association concurred with Dr. Munger. *"Hospitals throughout the country,"* he testified, *"have found themselves in the position of having increased business. An increased number of patients go to hospitals for various reasons—first,*

the general prosperity is enabling more people to attend their ills than was so previously. Then there is a great increase in industrial accidents because of the speed-up of industry. Third, there is the increase in maternity work. . . . Then again, the hospital insurance plans that have been developed within the last decade, have increased the work of hospitals."

As for military support of the proposition, Brig. Gen. Larry B. McAfee, Acting Surgeon General, United States Army, testified before the House committee, "*At the present time under our system of recruiting, we are almost current with our nurse requirements. We appreciate, however, that the local communities are making a marked sacrifice to keep this number up to our requirements, and that there is a limit beyond which the procurement of nurses from civil life will drop down to a point that will not satisfy our needs.*" He stated that 27,000 women were then enrolled in the Army Nurse Corps, with an additional 24,000 needed by July 1944.

Speaking on the same day, May 6, 1943, before a Senate committee, Rear Adm. Ross T McIntire stated that "*the Navy had 2,000 nurses, and we will need to take nurses from our civil institutions.*"

It was brought out at the hearings that Federal aid under Public Law 647 was already available to students of medicine, veterinary medicine, dentistry, pharmacy, engineering, and chemistry. It was held that full financing by the Government was necessary, because the bill would place extra burdens upon hospitals. Miss Goostray, of the National League of Nursing Education and the National Nursing Council for War Service, testified: "*Extra classes will have to be admitted, teaching costs will be increased for that reason, and the accelerated program will further decrease service to the hospital during the period of the student training. . . . The hospital which has assumed the cost of the student's education may not have her services at the time when she is most valuable to the institution, since she may be transferred to another institution or to military service.*"

Katherine Faville, chairman of the National Nursing Council Recruiting Committee, in presenting the reason why students should receive a personal allowance from the Government stated, "*Nursing is the only women's war job at the present time in which the trainee has to pay her way while she is training, and that is certainly a handicap in recruiting.*"

Perhaps the strongest case for the Cadet Nurse Corps was the plea of hospital authorities that nursing care in civilian hospitals was in a desperate state. Since the military forces took only graduate nurses, it was not expected that the Cadet Nurse Corps would directly or immediately aid the Army and Navy, except in the use of advanced students. Congress accepted the reasoning that if thousands of more nurses entered training, they would help to replace graduate nurses enlisting for military service. And it heard with interest that three students after nine months of training could replace two graduates.

The supporters of the legislation expressed no fear that subsidizing of nurse education would bring an overabundance of nurses when peace came.

They predicted that peacetime America would need to employ more nurses in the care of veterans, in larger public health programs, and as result of expanding health insurance. *"As I look into the future,"* said Mrs. Bolton, co-sponsor of the legislation, *"I believe that nursing will be one of the most important activities requiring an almost unlimited number of nurses; not only will military, naval, and veterans' hospitals be carrying probably the greatest load in their history, but the effects of total war will take an unpredictable toll here, and our rehabilitation program will require highly skilled nurses; nor can we stop at our own frontiers—all the world will need the consecrated intelligent care that only the professional nurse is equipped to give."*

Mrs. Bolton's interest, the strong and sustained support of the American Nurses' Association, the American Hospital Association, the National Nursing Council, the Public Health Service and the Subcommittee on Nursing, all contributed to the success of the legislation. Senator Elbert D. Thomas of Utah, chairman of the Senate committee which considered the legislation, was one of its champions in the Senate. Senator Thomas, who had sponsored legislation for the creation of the WAAC's, was especially interested in wartime opportunities for women. *"Beyond the immediate need,"* he stated, *"this aid to nursing education will serve to stabilize and improve the profession."*

The Nurse Training Act was ready on June 15, 1943, for the signature of the President. On July 1, 1943, it became Public Law No. 74. (See appendix A-9.)

Proposed names for the newly established nurse corps were the Victory Nurse Corps or Student War Nursing Reserve. These were discarded, and the training program for student nurses became the United States Cadet Nurse Corps. Its provisions were succinctly presented by the Surgeon General Parran in a telegram to the Nation's schools of nursing:

"BOTH HOUSES OF CONGRESS HAVE APPROVED FUNDS TO OPERATE BOLTON NURSE TRAINING LAW. STUDENTS ENROLLED AFTER DECEMBER 1940, IN TRAINING SCHOOLS WITH ACCELERATED COURSE AND OTHERWISE ELIGIBLE TO PARTICIPATE MAY BECOME MEMBERS OF U. S. CADET NURSE CORPS, RECEIVING TUITION, FEES, UNIFORM, FIFTEEN DOLLARS MONTHLY FOR FIRST NINE MONTHS TRAINING, TWENTY DOLLARS MONTHLY FOR NEXT FIFTEEN TO TWENTY-ONE MONTHS, IF THEY AGREE TO MAKE THEIR SERVICES AVAILABLE IN NURSING FOR DURATION OF WAR. ALSO, SCHOOLS WILL BE PAID FOR MAINTENANCE OF STUDENT DURING FIRST NINE MONTHS OF COURSE. I HOPE FOR PARTICIPATION OF ALL ELIGIBLE SCHOOLS AND IMMEDIATE INTENSIVE RECRUITMENT OF LARGE FALL CLASSES."

Briefly, the act provided for a uniformed Cadet Nurse Corps and for grants for postgraduate training. All State accredited schools of basic nursing were eligible to apply for funds in the program provided the 3-year program was accelerated to 30 months, and provided the school arranged for a period of student service for Senior Cadets in a Federal or non-Federal hospital or other health agency. Other rules were issued by the Surgeon

General after consultation with an advisory committee. (See appendix A-11.) In return, the Federal Government paid the schools for tuition and fees, and for the maintenance of students for the first 9 months of training. These funds enabled the schools to increase enrollments and to meet their added costs. As for the Cadets, any young woman who could meet the admission requirements of an approved school of nursing participating in the program could join the Cadet Nurse Corps. Out of Government funds, the school then transmitted to her a complete scholarship and a monthly stipend as her personal allowance. In return, Cadets agreed to remain in essential nursing service, military or civilian, for the duration of the war.

With an initial appropriation of \$65,000,000 for the year beginning July 1943, the nurse-training program was under way.

4. charting a program



The white, gray, and scarlet flag of the Cadet Nurse Corps is now at rest on its standard at the Public Health Service. Under that banner, thousands of young women were pledged to serve the sick in wartime. While the Nurse Training Act of 1943 provided for the program's guidance under professional leaders, and while many community groups together with hospital and nursing organizations shared the task of recruiting, administration of the Cadet Nurse Corps, and accompanying postgraduate programs was the responsibility of the Public Health Service.

To administer the Federal aid to nurse-training programs in accordance with regulations of the Surgeon General, the Division of Nurse Education was established on June 23, 1943. Lucile Petry, nursing education consultant of the Nursing Section, States Relations Division, was appointed director of the newly created Division, the first woman to head a major Division of the Public Health Service. Appointed to the staff were other nursing education consultants of the States Relations Division—among them Eugenia K. Spalding, who was made associate director, and Mary J. Dunn. In addition, a few nursing educators summoned from their positions in leading schools of nursing and other posts joined the staff. (See appendix A-10.)

As provided by law, an Advisory Committee of nursing and related professional groups was appointed by the Federal Security Administrator to assist in guiding the nurse-training programs. Drawn from various sections of the country, the members of this committee were:

Isabel M. Stewart,
Director, Division of Nursing Education,
Teachers College,
Columbia University, New York City.

Anna D. Wolf,
Director, School of Nursing and Nursing Service,
Johns Hopkins Hospital, Baltimore, Md.

Marion G. Howell,

Director, Frances Payne Bolton School of Nursing,
Western Reserve University, Cleveland, Ohio.

Estelle Massey Riddle,

Executive Secretary, Committee on Negro Nursing,
National Nursing Council for War Service,
New York City.

Margaret Tracy,

Director, School of Nursing,
University of California, Berkeley.

Sister Helen Jarrell,

Dean, Loyola University School of Nursing,
Chicago, Ill.

James A. Hamilton,

President, American Hospital Association,
Chicago, Ill.

Dr. Oliver C. Carmichael,

President, Vanderbilt University,
Nashville, Tenn.

Dr. Hyrum Leo Marshall,

Professor of Public Health, University of Utah,
Salt Lake City, Utah.

Rev. Alphonse M. Schwitalla, S. J.,

Dean, School of Medicine, St. Louis University,
St. Louis, Mo.

On June 25, 1943, in Washington, the advisory committee held its first meeting with Government administrators, the beginning of a series of conferences which were to continue throughout the war. Representing the Government were the Surgeon General, Miss Petry, as Chief of the Division of Nurse Education and Director of the Cadet Nurse Corps, and Miss Switzer, representing both the Federal Security Administrator and the Chairman of the War Manpower Commission.

The first meeting of this group considered the initial task of formulating regulations to carry out the purposes of the Nurse Training Act. Excerpts from the discussion are a measure of the care used in establishing the all-important rules of the huge joint enterprise between nursing schools and the Federal Government. The excitement of charting an untried course pervaded the meeting. Said Representative Bolton to the group:

"The necessary agreement, based upon much discussion, has been a most wholesome thing in this entire program. I think we understand each other better, we of the laity and you of the medical and nursing groups.

"Yesterday I received a letter from a very excited young woman—'Are we really going to be able to wear uniforms? My sister is a WAAC' she wrote. It has been pretty hard on the girls who have tried to get into nursing but have had to take places in industry because they felt that they must earn.

"What I do want to convey to all of you is the real understanding that has grown up on the part of a great number of Congressmen, not only of the emergency and need of nursing, but of the continuing need for nurses. If the work done under Dr. Parran and Miss McIver hadn't been a perfect demonstration, all this could not have happened."

The novelty of the Cadet Nurse Corps program and the responsibility of the Federal Government were underscored by Father Schwitalla, when he said:

"This is one of the first instances we have of Government subsidies directly to the schools, and perhaps this is the most revolutionary point of the program. We have had the thinking that grants should be made to individual students. The NYA program was an example. Here you are dealing with direct grants to the schools, and that is a revolutionary procedure. It seems highly important in the interpretation of this program to bear in mind that we are dealing with an aid in the education of a profession rather than the taking over of financial responsibility for the profession. There will still be a contribution that hospitals and schools are to make to the program. . . . It is cooperative."

Why the establishment of a decentralized nurse training program was favored was explained by Surgeon General Parran as follows:

"To us, the advantages of the decentralized system were very great. Had we proceeded to enroll on the Government payroll directly a group of 100,000 or more, you can imagine the administrative problem, and the difficulties of having partial supervision by the training institution and partial supervision by the Government. An example of centralized administration is the uniformed service—the WAAC's and the WAVES. While this will be a uniformed Corps with a Federal Government label, the contracts are not directly with the students. The arrangements are between the Government and the school. And the schools manage their own programs."

The purposes of the Nurse Training Act were reviewed before the group by Miss Petry:

"The purpose of this act is to produce more nurses for military and civilian needs by stimulating and assisting schools to increase their enrollments. It is to produce more nursing service. It can do this by producing graduate nurses and by bringing more student nurses into hospitals from which graduate nurses have been withdrawn. By requiring schools to accelerate their curricula, thereby turning out nurses faster, and by increasing the capacity of the schools, we hope to accomplish this purpose. Federal assistance of schools and hospitals should encourage the schools to train more nurses. Financial and other inducements offered students should encourage them to enter nursing."

The regulations governing payment for nurse training, formulated by the Surgeon General and the Division of Nurse Education, were approved by

the advisory committee after two days of intensive discussion. Among the premises on which these regulations were based were these: (1) That the costs of instruction should be covered in part by tuition fees, and in part by increased support from hospitals; (2) increased hospital support of such costs should be possible with Federal payment of student subsistence usually carried by hospitals, and with some salaried graduate nurses released to military service being replaced by student nurses; (3) that Federal funds should subsidize the increased cost of maintaining the larger enrollments.

Two of the largest questions in setting up the rules were (1) how to establish tuition payments, and (2) whether all schools should be approved for participation in the nurse training program regardless of their educational standards. Congress had directed that schools regardless of size could enter the program. No comprehensive method of accrediting schools existed to guide the staff in determining which schools should receive aid. And State standards varied widely.

"We recognize the need for protecting ourselves against hiking of costs, just for the purpose of getting more money," said Surgeon General Parran. *"We recognize on behalf of those schools now cooperating with the public program and receiving some instructional costs, that we would be warranted in allowing the establishment of fees equivalent to what they now obtain for such instructional costs. With respect to those schools not now cooperating, but which propose to add to their instructional costs, I feel we would be warranted in paying tuition fees equivalent to, if not exceeding, such proposed added costs."*

This question was particularly difficult, since many nursing schools had never charged tuition on the theory that the student's clinical service compensated largely for her education. Thus, it was not possible simply to rule that schools charge the Government their established fees and tuition. This, it was felt, would be proper for the schools of nursing which offered education beyond the value of clinical service and which charged tuition. But for the many basic schools of nursing some other yardstick was needed. It was determined, therefore, to honor tuition and fees "determined by the Surgeon General to be reasonable."

Among other requirements for participation of nursing schools in the program, the regulations established that the school must (1) be State accredited; (2) be connected with a hospital approved by the American College of Surgeons, or with a hospital of equivalent standards; (3) maintain adequate instructional facilities and personnel; (4) provide adequate clinical experience in the four basic services—medicine, surgery, pediatrics and obstetrics; (5) provide maintenance and a stipend of \$30 for all Senior Cadet Nurses, or arrange for their requested transfer to Federal or other hospitals; (6) provide satisfactory living facilities and an adequate health service for students; (7) provide for an accelerated program; and (8) restrict its hours of practice. In evaluating the facilities for participation

of schools in the program, the standards of the National League of Nursing Education were adopted.

Requirements for the participation of nurses and training institutions in the postgraduate and refresher programs continued by the new act, were also outlined. Methods of payment for all nurse-training programs were stated. Many other details included in the regulations were designed as guideposts for both members of the Corps and its administrators.

The regulations, in other words, staked out the main responsibilities of Corps administration. The small staff of the Division of Nurse Education was immediately charged with pushing forward the huge nurse training program. To aid in the job of setting up and running the Corps machinery, Minnie E. Pohe, of the Stanford University School of Nursing at San Francisco, and Louise Knapp, of the Washington University School of Nursing at St. Louis, joined the Division to direct activities in the Western and Eastern areas. Miss Henderson, on loan from the Federal Security Agency, was put in charge of information.

The Division acted quickly to devise a pattern for Corps operation. Within a few days, there were numerous conferences on the various aspects of the program. On June 30, 1943 the Division met with representatives of Federal and non-Federal nursing schools and hospitals to evolve plans for the assignment and distribution of Senior Cadet nurses. In the same week, criteria for participation of schools were developed. As soon as regulations were published, detailed application forms for schools were completed and mailed out. The process of enlisting schools was developed with a minimum of delay. Only a few weeks after appropriations were available, the first school was approved for participation in the Corps program. The first payment went out on August 14. The process of enlisting Cadets was also developed with urgency. Plans were made for a recruitment campaign utilizing modern information techniques.

Also in August, the Surgeon General and the Director and Associate Director of the Cadet Nurse Corps toured the country explaining the new program first-hand to directors of schools of nursing and hospital administrators. These regional meetings were arranged by the American Hospital Association, and resulted in enthusiastic cooperation with the program.

The new Division's first formal communication to nursing schools, hospitals, nursing councils, and State Boards of Nurse Examiners was its Memorandum No. 1, now famous in the annals of the Corps, which set forth the main details and principles of the Cadet Nurse Corps. Throughout the program, the Division kept in close touch with operations all over the country, but much of the actual work of organizing the Corps was decentralized to six of the nine Public Health Service districts, with headquarters in Richmond, Va., San Francisco, Calif., New York, N. Y., Kansas City, Mo., New Orleans, La., and Chicago, Ill. These offices were directly responsible to the Washington headquarters.

Subsequent memoranda from the Division covered the growth, progress, and successes of the Cadet Nurse Corps. They laid the groundwork for recruitment; they spelled out the Senior Cadet program and the accelerated education of nurses; they dealt with the health and housing of students, with school costs, with the meaning of the Cadet Corps pledge, and reports on the essentiality of various types of nursing. They set forth plans for post-graduate courses, recorded innumerable conferences of Division administrators with nursing and hospital groups. The correspondence outlined the strengths and weaknesses, the problems and activities of the Cadet Nurse Corps which the next chapter will discuss in some detail.

5. recruiting nurses



During the Corps' brief history, its high-powered recruitment drive had fulfilled its purpose. More than 180,000 young women had answered the call to nursing.

This recruitment program was a lusty and brilliant child of the war, sending its message to more than 7 million newspaper and magazine readers, millions of radio listeners, and to movie-goers all over the Nation. Appeals to join the Cadet Nurse Corps were spread through the land in a thousand speeches, through 2,800,000 car cards and billboards. The Cadet Nurse Corps was on hand when nurses launched liberty ships; it filled the airwaves when Corps birthday parties were celebrated on Nation-wide broadcasts. Several million leaflets brought the story of the Corps to every town and village. Through the auspices of many private businesses, \$13,000,000 worth of advertising space and technical service were donated to the program in one year. The nursing profession had never received so much public attention. Few outlets for the Corps message were overlooked. Indeed, the recruitment campaign had to be checked in 1945 when it appeared that the call to the Corps might be too effective.

The advertising, radio, and motion-picture industries contributed their talents to the war effort, including the Corps drive. Prominent also was continuing support of the program by nursing and hospital organizations. A complete plan for recruitment was designed by the Public Health Service and cooperating groups.

Handling the campaign for recruitment was the Recruitment and Public Relations Section of the Division of Nurse Education. This section, headed by Miss Henderson and her assistant, Carol Krum, had as its functions the organizing, directing, and carrying out of information and promotion campaigns on national, district, State, and local levels. On the national level, the campaigns were administered from the Washington office and directed from New York, Chicago, and Los Angeles by three representatives of the section. On the district, State, and local levels, publicity emanated

from the six district offices of the Corps, through State and local nursing councils and through schools and hospitals.

Of the groups which assisted the Public Health Service in its call for cadets, two held contracts and were funded for the expense. They were the National Nursing Council for War Service and the American Hospital Association, both nonprofit organizations. This kind of contract with private agencies was widely used during the war by the military forces and other Government agencies to speed up their programs and to help avoid duplication of effort. Since both the National Nursing Council and the American Hospital Association were engaged in campaigns to recruit more student nurses when the Cadet Nurse Corps was established, the Public Health Service made agreements with these two groups for the performance of authorized recruitment work. A total of \$602,979 was transferred to the American Hospital Association and the National Nursing Council for this purpose.

For the nurse-training program, the American Hospital Association established recruiting centers in all member hospitals operating nursing schools—1,295 of the approximately 6,500 hospitals in America. Recruiting booths in these hospitals offered information to potential candidates for the Cadet Nurse Corps. Recruiting materials were supplied by Washington headquarters, but the work was carried on by volunteers.

The National Nursing Council, Inc., signed an agreement with the Public Health Service to maintain its clearing bureau for inquiries from potential candidates, to act as agent for the purchase of uniforms, to furnish counselling about the nurse-training program to colleges, and to oversee State and local recruitment campaigns.

The clearing bureau of the National Nursing Council had been in operation since 1941. It was there, to Box 88, New York City, that young women wrote for information about nursing opportunities and Federal aid. The organization of a duplicate clearing bureau, or central office of information by the Public Health Service, was considered uneconomical. Personnel were in short supply, and Box 88 was already established as a center of information for nurses, having handled 79,783 inquiries in 1942. Therefore the Government contracted to support the clearing bureau of the council so that it could continue its work. Hundreds of thousands of inquiries were handled.

The Public Health Service also detailed recruitment personnel to the National Nursing Council. Heretofore the council had had a small organization in New York and recruited nurses through State and local nursing councils reaching high-school and college students. With the formation of the Cadet Nurse Corps, the Public Health Service helped to expand the council's activities in this field.

The council also stepped up its editorial service to professional publications and for circulating Corps publicity materials such as booklets and posters.

To handle the funds set aside for the National Nursing Council and the American Hospital Association, a bank designated by the Surgeon General held an account against which a designated officer could draw. Accounts of such Government allotments and expenditures were independently audited at the close of each fiscal year. Since the National Nursing Council was delegated as the Public Health Service agent for purchasing Cadet uniforms, a large sum was transmitted to the council for that purpose.

Mrs. Elmira Bears Wickenden, who had directed the National Nursing Council's recruitment work, was awarded the Medal of Merit by the President in 1947, climaxing 25 years of leadership in the profession.

The nurse recruitment effort was aided by the Office of War Information and its working partner, the War Advertising Council. The latter, composed of major advertising interests, assigned a special task force to the recruitment of student nurses. The task force was under the direction of Anson Lowitz, a vice president of the J. Walter Thompson Co., New York.

Among many other groups volunteering private effort in behalf of the Cadet Nurse Corps were: The Writer's War Board, Parent Teachers Associations, the Rotary International, the Daughters of the American Revolution, Kiwanis, Lions, the Auxiliary of the American Legion, the Fraternal Order of the Moose, the Elks, the War Activities Committee of the Motion Picture Industry, and the General Federation of Women's Clubs. The National Retail Drug Association made available outlets for distributing literature. The Meyer-Both Newspaper Mat Service and Western Newspaper Union also assisted. Among Government agencies aiding the nursing program were the Office of Education, the Federal Works Agency, the War Manpower Commission, and Federal Hospitals.

The entire program was geared to these specific activities:

1. Analysis of need.
2. Declaration of purpose.
3. Definition of objectives.
4. Selection of audience.
5. Evaluation of adverse attitudes.
6. Organization.
7. Determination of appeals.
8. Programming.
9. Selection of media.
10. Time schedule.
11. Periodic testing of methods and results.

There were 6,000,000 women in the country over 20 years of age who were not in essential industry, and the military services were directing appeals to them. The only opportunity for the seventeen- or eighteen-year-old girl to get into uniform was by joining the Cadet Nurse Corps. Although college students were approached to make careers of nursing by entering the Corps, the appeal was mainly to the high-school girl about to graduate.

Recruitment campaigns were timed to break two months before the main admission dates. For September classes, appeals went out in July and August. For February classes, the call to the Cadet Nurse Corps was issued in November and December. Since many nursing schools cooperated with a request that they accept additional classes during the year, publicity in April and May was aimed for the new June enrollments.

But the task of recruiting Cadets involved more than sounding the Corps message. One of the problems was to check at frequent intervals on actual admissions to the nursing schools as a guide to management of recruitment. One device used was sending out postal cards to every participating school each week in Fall and Spring asking for admission figures. If necessary, the cards were followed by telegrams. As a result, administrators and recruiting officers always had before them up-to-date figures on admissions.

Through State and local nursing councils and their collaborating recruitment officers in the towns and cities, potential candidates were visited if necessary, at their homes. With every reply to an inquiry, Box 88 enclosed a postal card questionnaire. This questionnaire was to determine the applicant's interest in and eligibility for nursing. As the completed cards were returned, the Clearing Bureau forwarded them to the collaborating recruitment officers in every part of the country. By talking with prospects and offering them counsel and guidance, these volunteer recruitment officers and their committees secured many recruits for nursing. Katherine Faville, National Nursing Council, was in charge of this activity.

Before launching the first recruitment campaign, administrators of the program attempted to gage public opinion and prepared to deal with misconceptions. It was found that some thought nursing was too difficult and demanding. Others thought the salary was inadequate. Daughters sometimes were faced with parental objections to their desire for personal accomplishment and war service. *"We were confronted with many complex attitudes that served as obstacles to be surmounted if we were to get 65,000 new students—almost twice the number normally admitted to nursing schools in peacetime,"* Miss Henderson pointed out.

Frequent tests were made throughout the 2-year program to determine the effectiveness of various media and changing audience reactions. The test audiences included the prospects, their families and friends, nurses, hospital administrators, physicians, and organized groups.

Since entrance requirements among the 1,125 nursing schools participating in the program differed considerably, it was frequently necessary to adjust recruitment materials to specific situations. However, publicity releases throughout the program reiterated the minimum qualifications for admission to the Cadet Nurse Corps. The age requirements were 17 to 35 years, and the candidate had to have a high-school or college education and a good scholastic and health record.

The first time Cadets appeared en masse in uniform was on May 6, 1944, at the dedication of residence halls for nurses at Adelphi College, Garden City. The uniforms were selected August 17, 1943, at a fashion contest organized by Mr. Lowitz of the War Advertising Council at the Waldorf Astoria Hotel in New York. There the fashion press selected a uniform designed by Molly Parnis. The jaunty Corps beret, was designed by Sally Victor and resembled the famous Montgomery beret. The event was sponsored by the National Nursing Council, which also arranged for sample designs of the uniforms. (See appendix A-12.)

The uniforms were worn with pride, but obtained with difficulty. To speed up procurement, the Public Health Service in its contract with the National Nursing Council had delegated the Council as agent to negotiate with firms for the supply of outdoor uniforms (indoor uniforms, which varied from school to school, were purchased by schools from their Federal grants). It was decided that a mail-order house, geared for wide distribution, could handle the uniform contract most efficiently. This was awarded to the J. C. Penney Co., one of the three bidders. The Cadet Nurse Corps had reached a strength of 95,000 in more than a thousand schools before the uniform was available to Cadets. Since the Corps had no military status, there were difficulties in securing materials under priority controls of the War Production Board.

The Cadet Nurse Corps' message its first year was: (1) Obtain the benefit of a free professional education, (2) nursing is a proud profession, and (3) render an essential wartime service to the Nation. The advantages of the nursing profession were held forth in tantalizing advertisements, donated to the campaign. A motion picture, "Reward Unlimited," written by Mary McCall, Jr., and starring Dorothy McGuire, appealed to movie-going young women. *"Although advertising and motion pictures are known as controlled media,"* wrote Miss Henderson, *"the positive approach was not confined to them. It was also attained by our State and local recruitment officers, and in prestige-building news and photographic releases on newsworthy events."*

By the end of its first year, Cadet Nurse Corps messages were broadcast on more than 300 national radio programs. There were spot announcements: "Do you want to be a girl with a future? Then the answer is simple. Enroll in the Cadet Nurse Corps of the United States Public Health Service and have a war job with a future." Nurses were interviewed on the air and presented in dramatic sketches. Cadets emerged in newsreels and trailers and in 5,667 newspaper columns. They smiled attractively from posters and the covers of Collier's, Harper's Bazaar, the Ladies Home Journal, and other magazines. Monthly reports on the Cadet Nurse Corps appeared in professional journals. An estimated 16,000,000 persons read about Cadets in national magazines. A brochure, "Enlist in a Proud Profession," was placed in schools, hospitals, and libraries. Publicity materials were distributed locally through the National Nursing Council. More than 57,000 copies of a handbook, Professional Nurses Are Needed, were sent to high school guidance

officers. In the streamlined campaign, film stars posed with pretty Cadets in Hollywood, Cadets in Washington were photographed with notables. The goal of 65,000 new student nurses the first year was exceeded by 521.

Some nursing educators feared that the public emphasis upon "education free with pay," was attracting to the profession girls who were not essentially interested in nor qualified for the demands of nursing. "*The publicity has been so much on 'free with pay,'*" said a member of the Advisory Committee, "*that you are getting people who are coming in with that in mind, unfortunately. They aren't thinking of the service. They look at the phrase, 'A lifetime education free'; and they don't see the phrase, 'if you can qualify.' They think every girl ought to be able to go in because it is a free Government project.*"

The decision to make the main appeal to a free education was enunciated by Surgeon General Parran: "*The advertising company in New York which handled recruitment of pilots made their central theme: 'Join the Air Corps and get a \$27,000 education free.' A group of public relations people emphasized to us that one doesn't need to appeal to patriotism—either the recruit has patriotism or he hasn't, and that appeals on the patriotic basis are not effective. Therefore it seems to us we should select from the available appeals those with the greatest intrinsic power. If a surplus responds, then the schools can select the better ones.*"

Although it was the high-school graduate who was the main object of the drive, college girls were sought as candidates, too. Given nurse training, they could more quickly qualify for instructional supervisory positions.

College students were recruited by nursing educators who visited universities and colleges throughout the Nation. The Public Health Service continued the College Field Program of the National Nursing Council. Late in 1943, the Council borrowed 35 carefully selected nurses to appeal to students on the campuses. By March 1944 they had visited more than 600 senior and junior colleges. Faculty members and students showed an interest in the Corps, it was reported, but there was no large response from college girls. While the number of college girls entering nursing schools was increased slightly, the spectacular increase came from high-school graduates.

Since the Public Health Service early undertook to integrate the recruitment and representation of Negro nurses in the Federal nurse training program, the Negro press was constantly used in the recruitment drive. Under the guidance of Negro nursing leaders, the campaign enrolled more than 3,000 Negro cadets, according to a report of Estelle Massey Riddle of the Advisory Committee and the National Association of Colored Graduate Nurses. Negro Cadets were enlisted to take part in public ceremonies, and were subjects of special feature stories released to their local newspapers.

With recruitment in full swing, the main emphasis shifted the second year from national to regional and local recruiting. States varied in the proportion of high-school graduates who entered nursing. Alert to the danger

of too much recruitment in some areas, too little in others, the Recruitment and Public Relations Section emphasized State and local programs. Through a control record system which reported daily on vacancies in nursing schools, recruitment efforts could be directed to areas where they were most needed.

To assist the States and keep them informed about the Corps, the Public Health Service, the National Nursing Council and the War Manpower Commission held regularly scheduled conferences throughout the country. State and local recruitment committees were reorganized to include representatives from hospital staffs, women's clubs, business firms, nursing groups, medical groups, and State agencies. Each of the State nursing councils, when ready to participate, submitted to the National Nursing Council the name of the nurse to be appointed as collaborating recruitment officer. Similarly, each State hospital association, through the American Hospital Association, submitted the name of a hospital administrator as its deputy collaborating recruitment officer. These officers were responsible for directing the local follow-up work. Appointed by the Public Health Service at a dollar a year, they were entitled to free mailing privileges for recruitment materials and limited traveling expenses, volunteering their time and service.

Appeals to the young women also shifted in the second year of the Cadet Nurse Corps. Once the program could claim success in numbers, the general appeal to patriotic service and a free education gave way to describing the desirability of nursing as a career. "The proud profession" and "Girls with a future" became slogans. Nursing was pictured as a worth-while career for professional or homemaking girls. The nurse was portrayed as a leading force in her community, and the community's need for adequate nursing service was emphasized. Also, the growing shortage of instructors and supervisory nurses led to greater appeals for the enrollment of graduate nurses in concentrated postgraduate studies.

When the Army, in the winter of 1944-45 during the European campaign, called for the drafting of nurses, hundreds of Cadets wrote to Box 88 favoring the draft and expressing their willingness to serve the Armed Forces. Potential students inquired about enlisting for military duty. Encouraged by this patriotic response, and convinced that the Army's request should not be opposed by those responsible for the civilian nurse-training program, the Surgeon General and many nursing organizations supported the drafting of nurses. Victory came, however, before the draft was established.

In the months before victory, however, the Cadet Nurse Corps continued to push the recruitment of student nurses. The second year's goal of 60,000 was exceeded by 1,471 enrollments.

Before the final results of the second year's drive were tabulated, plans were being made for a third year of intensive voluntary recruitment. From all indications, support of the program in 1946 would have exceeded that of the first two years. Through the Office of War Information, radio time was already allocated for July, August, and September. The War Advertising Council was helping to prepare new recruitment guides for distribution to

advertisers and the National Retail Dry Goods Association. Cadets were to be given prominence in the national "Help For Hospitals" campaign. The National Nursing Council and the American Hospital Association with their State and local affiliations had been geared by headquarters for new recruitment efforts. The machinery of Corps recruitment had built up great momentum when the war ended.

The Japanese surrender promptly halted all recruitment plans. Messages went out to field personnel, recruitment officers, and cooperating groups. Releases, speeches, and new publications were canceled. The 30,000 young women recruited into the Corps in August 1945 and admitted to schools before October 15 were the last to join the Cadet Nurse Corps.

6. the cadet nurse



Who were these Cadets, the object of so much planning and publicity, the girls in whom the Federal Government invested so much? They are the daughters of farmers and mechanics, of teachers, lawyers, clerks and businessmen. They came from all the States. They carried heavy schedules in the nursing schools and long practice on the wards. Some Cadets had planned on careers in nursing; others joined the Corps for a free education. Some joined for temporary war service. Before the call to nursing ended, Senior Cadets had served in Army and Navy hospitals in continental United States, with the Indian Service, with the Veterans' Administration, and Public Health Service hospitals, and in their home hospitals, in other civilian hospitals and health agencies. Junior Cadets, too, served as they learned. The American Hospital Association credited these student nurses with helping to prevent the collapse of civilian nursing care and commended them for replacing graduate nurses who enlisted in the Armed Forces.

There is, of course, no one typical Cadet, but there are two facts which pertained to all 170,000 of them: in return for Federal benefits, they accepted a pledge to serve; and each contributed nursing service to the Nation when it was needed.

Because the Cadets themselves were as varied as any large group of young women, the story of one Cadet nurse cannot illustrate the career of all. Yet, in many ways, the real story of one particular Cadet is typical. She will be referred to here as Hannah Smith, although that is not her real name. Hannah Smith was from New Jersey. She went to a small but adequate school of nursing, and served in a veterans' hospital as a Senior Cadet. Today, she serves as a graduate staff nurse in the operating room of a veterans' hospital.

Hannah was a popular junior at her local high school when the Cadet Nurse Corps was formed. Her father, a mechanic, had a good job at a nearby shipbuilding yard. One of three daughters, she was planning to enter

college when she was graduated. Then her father died and there was no money for college.

During her senior year in high school, the girl helped out in the school clinic. She liked the work, she liked the nurse in charge, and she began thinking of becoming a nurse herself. She thought it would be cheaper than college and a good career, too. But everybody except her mother discouraged her with tales of nursing as hard work, with poor hours and low salary. Still, she decided to give it a try. She heard from the high school nurse about the United States Cadet Nurse Corps and planned at once to join.

Hannah graduated from high school in June 1944, toward the end of the first year of the Cadet Nurse Corps program. Of her high school class, 15 girls entered the Corps. Of the 53 girls in Hannah's Cadet class, 35 saw their training through to graduation. Hannah was one of them.

"I read about the Corps in a magazine, I heard about it on the radio, and there were posters at high school," she said. *"I heard about the nurse shortage, about where you could serve in the profession, and of getting a free education with pay."*

"I didn't know a good school from a poor one, and I didn't know which one to pick," she went on. *"I had relatives in New Jersey, so I chose a small nursing school there. I wrote and asked for an application and told them I wanted to join the Corps. When I graduated from high school, I met the director of the school of nursing. She asked for my scholastic records, but I had a feeling the school was only concerned about graduation from high school. Afterward, they weeded out the girls who couldn't keep up."*

Hannah joined the Corps in September 1944. She signed her name to the Corps pledge. It was her "gentleman's agreement" with the Government. It did not prohibit marriage. Many essential nursing services, including Army nursing, were open to married nurses, and an increasing number of schools enrolled married students.

The fact that the pledge was just that and not a legally binding contract was revealed when the Surgeon General sought a legal interpretation of the pledge from the Office of the General Counsel. That Office advised as follows: "The statement of availability required of the Cadet Nurse under Section 2 of Public Law 74, Seventy-eighth Congress, that she shall be available for military or other Federal governmental or essential civilian services for the duration of the war, does not establish a contractual relationship between the Cadet Nurse and the United States. The pledge is purely honorary, and inability or failure to fulfill it involves no break of legal obligations."

Like her sister Cadets all over the Nation, Hannah received through Government funds a complete basic education in nursing. In addition, the Government gave her a monthly allowance during the course of her training.

For the first nine months of her training, Hannah was a pre-Cadet. Since that period was devoted almost wholly to courses and study, with Corps regulations limiting clinical practice to not more than 24 hours a week, the

Government had agreed to relieve the schools of paying maintenance for pre-Cadets. A monthly maintenance of \$45 was paid by the Government to her school for her first nine months of training. Like her 53 sister Cadets, Hannah also received from the Government, through her school, \$15 monthly for her personal expenses. After the first 9 months, Hannah became a Junior Cadet, with her allowance raised to \$20 a month. When she had completed 21 more months of training, she became a Senior Cadet and was available for 6 months of clinical practice in either a Federal or non-Federal hospital.

As a pre-Cadet, Hannah attended classes about 30 hours a week. Her clinical practice started at eight hours a week and increased to 18 hours. Her course of study was divided by the school into 6-month semesters. In the first semester, she studied anatomy and physiology, drugs and solutions, nursing arts, chemistry, personal hygiene, professional adjustments, history of nursing, and physical education.

She became a Junior Cadet in the middle of her second semester. The second semester she continued to study anatomy, physiology and nursing arts; she added microbiology, psychology, pathology, pharmacology, and foods and nutrition. While she was in class from 30 to 40 hours a week during the first semester, class-work was cut to 28 hours a week in the second half of her first year. Her ward practice, part of it supervised, was increased.

After seven months of training, Hannah received her Corps uniforms—one Winter and two Summer outfits. The Winter uniform was a jacket and skirt of gray flannel with silver buttons and insignia, bearing sleeve markings of a silver Maltese Cross on a scarlet oval. Her beret bore the insignia of the Public Health Service. This insignia has as its central figure the staff of Aesculapius with the wing of Mercury and an anchor. Around the hook of the anchor is wound an anchor chain. A fouled anchor, as sailors call it, is symbolic of the sick and injured sailor.

“This insignia,” wrote Miss Petry in the Cadet Nurse Corps News distributed to students from headquarters, *“has become more widely known through Cadets wearing it than through the relatively small commissioned staff of the Public Health Service.”*

Hannah's two Summer uniforms were cut from gray and white-striped cotton fabric. A light gray felt hat with red band replaced the beret for summer wear. She also received a gray flannel reefer coat, a raincoat, a blouse, and a handbag as part of her Cadet uniform. Her measurements were taken at school, but like most of her classmates, she had to adjust the uniforms to fit. Wearing the official outdoor uniform was optional. Corps regulations stated that, whenever worn, it would appear neat and unadorned by jewelry. Like other Cadets, she read a booklet, *Figuratively Speaking*, which suggested the proper wearing of her uniform and good posture. Hannah wore hers almost always.

Because the normal enrollment was doubled, student nurse quarters at her school were crowded. For her first year, Hannah lived with her classmates in hotel quarters leased by the hospital. They lived two to a room, and

there were no recreation facilities. "We wouldn't have had much time anyway," she said. "I remember a couple of dances that first year, and we used to go out on the boardwalk occasionally." Her boy friend was serving with the Navy in the Pacific. On her first vacation in the summer of 1945, she went home for a 3-week rest.

Hannah's second year of training began in July 1945. Her subjects were sociology, diet therapy, first aid, medical nursing, surgical nursing, operating room technique, obstetrics, eye-ear-nose-throat, gynecology, urology, orthopedics, pediatrics, and communicable disease. Her responsibilities on the wards increased. She had 14 to 16 hours a week for her classes, and 32 to 34 hours a week in clinical service. On the wards, she had supervised practice in surgery, medicine, pediatrics, obstetrics, orthopedics, and central supply. "*We didn't have enough supervision in the clinical specialties,*" she observed. "*Sometimes we had to do the clinical work before we had our classwork on the subject. About 75 percent of the nursing care in our hospital was given by student nurses.*"

The wartime crowding of the 175-bed hospital as well as the short supply of nurses increased Hannah's responsibilities. "*I had to go on night duty at the end of my first year,*" she said. "*Some nights, when I had only been in a year, I was in the admitting office alone. Other nights, we had only one graduate nurse on duty. When we were on night duty, we had to go to classes on our own time during the day.*"

Even so, there was more time for recreation toward the end of Hannah's second year. She spent some time on the nearby beach, went bicycling and to dances at the local USO. Dormitory rules were strict. Both before and after she moved to the nurses' home she had to be in her quarters at 10:15 p. m. most evenings, with two later leaves granted each week.

The school was an accurate barometer of wartime pressure not only in its crowded living quarters and increased service on the wards, but also in the shortage of instructors and supervisors, graduate nurses, uniforms, and classroom space. Instead of the usual 60, there were 120 students in training.

Hannah became a Senior Cadet in the middle of her third year. The first six months of that year, she had had classes for seven hours a week in neurology, psychiatry, professional adjustments, public health nursing, ward management, and private and home nursing. To correlate class and ward experience she studied actual cases. The rest of her school week, by far the larger part, was spent in clinical practice, caring for the increasing load of patients. At the start of her third year, she had been asked by the school director whether she wanted to remain in her home hospital for her 6-month Senior Cadetship or desired service with a Federal hospital. Out of the 35 students in her class, 30 indicated they wanted to serve in Government hospitals.

Hannah was attracted to Federal service because her Senior Cadet pay would be \$60 a month instead of the \$30 generally paid by civilian hospitals, and because she wanted the experience of a new hospital and a new city.

The nursing school sent Hannah's Senior Cadet application to the Federal Civil Service Commission. Four months later, Hannah received her acceptance from the Veterans' Administration. In April 1947, her travel was paid to Hines, Ill., where she entered the Veterans' Hospital.

It was the first time Hannah had traveled that far west, and she found her new assignment exciting. Her own hospital was small, while Hines had 3,500 beds. Hines provided excellent supervision in clinical specialties she had never studied. She was there for five months, each month she rotated to a different ward—first, the paraplegic, then the neurosurgical, the cardiovascular, the general medicine, and the general surgery.

Along with a class of 250 Senior Cadets, Hannah lived at the nurses' residence. She enjoyed forming friendships and comparing experiences with Senior Cadets from all over the United States. *"Recreation facilities were excellent—there were tennis, golf, swimming, and dancing. We weren't rushed at Hines and we weren't asked to do the impossible. We loved those months as Senior Cadets."* Hines Hospital, as well as all other Federal hospitals to which Senior Cadets were assigned, commended them for their contribution in service and morale. Praise was glowing from patients and administrators alike.

On October 15, 1947, the young Cadet and her classmates were graduated from their nursing school. Her school had received \$1,860 in Federal funds for her tuition, uniforms, stipends, and maintenance. She took her State board examinations and joined the staff of Gallinger Hospital in Washington, D. C. In August 1948, she entered the Veterans' Administration as staff nurse on the surgical ward in a veterans' hospital. Later, she was transferred to the hospital's operating room. Today, she is still advancing her career, studying evenings at a university for her bachelor's degree in science.

The story of Hannah Smith could be repeated by thousands of Cadets. While it was inevitable that the peak in graduations from the Corps came after the war, Cadet service helped to satisfy the wartime and postwar demand for nurses.

The Corps pledge was a statement of good intentions rather than a legal contract. In all, 55,986 Cadets withdrew during the course of the program. The causes for withdrawal were tabulated by the Division of Nurse Education, following a study of the question. (See appendix B, table D.) Homesickness was found to have been a major cause of withdrawal. While many Cadets who married during the war continued their training, others withdrew to be with their husbands. Others withdrew when hostilities ceased. Some failed to keep up with their studies. Some withdrew for health reasons while others who had been attracted by patriotic appeals and the benefits of a "free education," withdrew when faced with the realities of nursing. Considering the mass recruitment necessary for the enrollment goals, however, and the rapid turn-over of personnel generally, during this period, it was held by administrators of the program that the number of withdrawals was not remarkable.

The rate of attrition for Cadets, 33.3 percent, was slightly lower than that reported for all students enrolled in schools of nursing during the same period and only 4 percent higher than prewar rate. (See appendix B, Table E.) The administrators of the program later stated an opinion that a firmer commitment in the pledge would have deterred recruitment by a larger number than the loss through a pledge which was not legally binding.

The service of thousands of Cadets like Hannah Smith is still on the record as a valuable contribution to the Nation during and following World War II.



7. accelerated training

Some of America's leading educators during the war reexamined the question of how long it takes to train personnel of various types. In the Army, Navy, and Air Corps, servicemen had to master quietly technical material. On the home front, the Nation needed experts faster than schools were accustomed to turning them out. The schools, therefore, had to find a way to turn them out faster. During the war, doctors were graduated from medical schools in accelerated programs. Nursing education also found itself faced with this necessity.

Acceleration of training, a key feature of the Cadet Nurse Corps, was required of participating schools by Public Law 74. It meant compressing the traditional 36-month program into 30 months. For the remaining 6 months before graduation, the student served as a Senior Cadet under control of her school, and in either a Federal or non-Federal hospital rendered full-time service equivalent to that of a graduate nurse.

The reason behind this acceleration was to get more students out faster, to distribute their service among other hospitals and to free living quarters and educational facilities in schools for incoming recruits. While length of courses and variety of clinical experience were not curtailed, the amount of practice in some clinical fields was necessarily shortened. During the first nine months, the Cadet was protected by Corps regulations from serving more than an average of 24 hours a week on the wards. As a Junior Cadet, the typical student had a 44-48 hour week, including classes. As a Senior Cadet, free of classes, she was assignable outside her school and she devoted full time to practice.

More than 6,000 Senior Cadets served in Army hospitals, 4,000 of them before the close of the war, and 1,025 saw duty in Navy hospitals. Veterans' Administration accepted 7,521 Senior Cadets, the Indian Service hospitals received 1,000 and the Public Health Service hospitals 850. In all, 34,574 of the 116,127 Senior Cadets available during the Corps program applied

for 6-months duty with the Federal services. Of these 17,475 were accepted. While 73 percent of the Senior Cadets served in hospitals where they were trained, the rest left their training schools to serve in Federal and non-Federal hospitals and in public health nursing agencies.

Acceleration of training proved to be one of the thorniest problems in administration of the Nurse Training Act of 1943. Since most States require 36 months of training for graduation and a diploma, it was not possible simply to cut six months from the educational program. It was agreed, therefore, as a compromise plan, to design a pre-Cadet and Junior Cadet period of training to take 30 months, and a Senior Cadet period of six months' full service preliminary to graduation. All State Boards cooperated with the plan, many by modifying their regulations.

Methods of telescoping the basic nursing course for wartime had been under discussion since 1941. A few schools had adopted acceleration before the Corps was formed. Although many hospitals and nursing educators had insisted upon maintaining traditional practices, other health and nursing authorities had championed the shortened training. Dr. Baehr, of the Medical Division, Office of Civilian Defense, had recommended acceleration to the Subcommittee on Nursing and the National Nursing Council. Although he had urged adoption of a 24-month plan, the 30-month program seemed more practicable to the nurses. The subcommittee devised a formula for acceleration, a plan which was somewhat modified later.

To trace further the background of the accelerated training of Cadets, the Committee on Educational Problems in Wartime of the National League of Nursing Education had been drawing plans in 1942 for shorter basic nursing programs to fit war needs, which, at the same time, would maintain educational standards. The committee was especially concerned that students attending accelerated programs would be eligible to practice in their own States or elsewhere on graduation. The American Nurses' Association and the League held a 3-day meeting with representatives from 38 States to bring the acceleration plan into harmony with State laws and nursing requirements. Individual schools of nursing, which often set higher standards than State boards require, were also consulted.

To help nursing schools put the shortened program into practice, the Committee on Educational Problems prepared and issued one of its bulletins, *Nursing Education in Wartime*, outlining adjustments in curricula for shorter programs. A few months before the Corps was created, some schools requested individual help with their acceleration problems. The League, the National Nursing Council, and the Association of Collegiate Schools of Nursing began providing field service for the schools, consultation was provided later by the Division of Nurse Education of the Public Health Service. Many schools, however, balked at the numerous problems involved and resisted acceleration of their programs.

Acceleration by nursing schools became Nation-wide only with the creation of the Cadet Nurse Corps. The earlier Federal nurse training

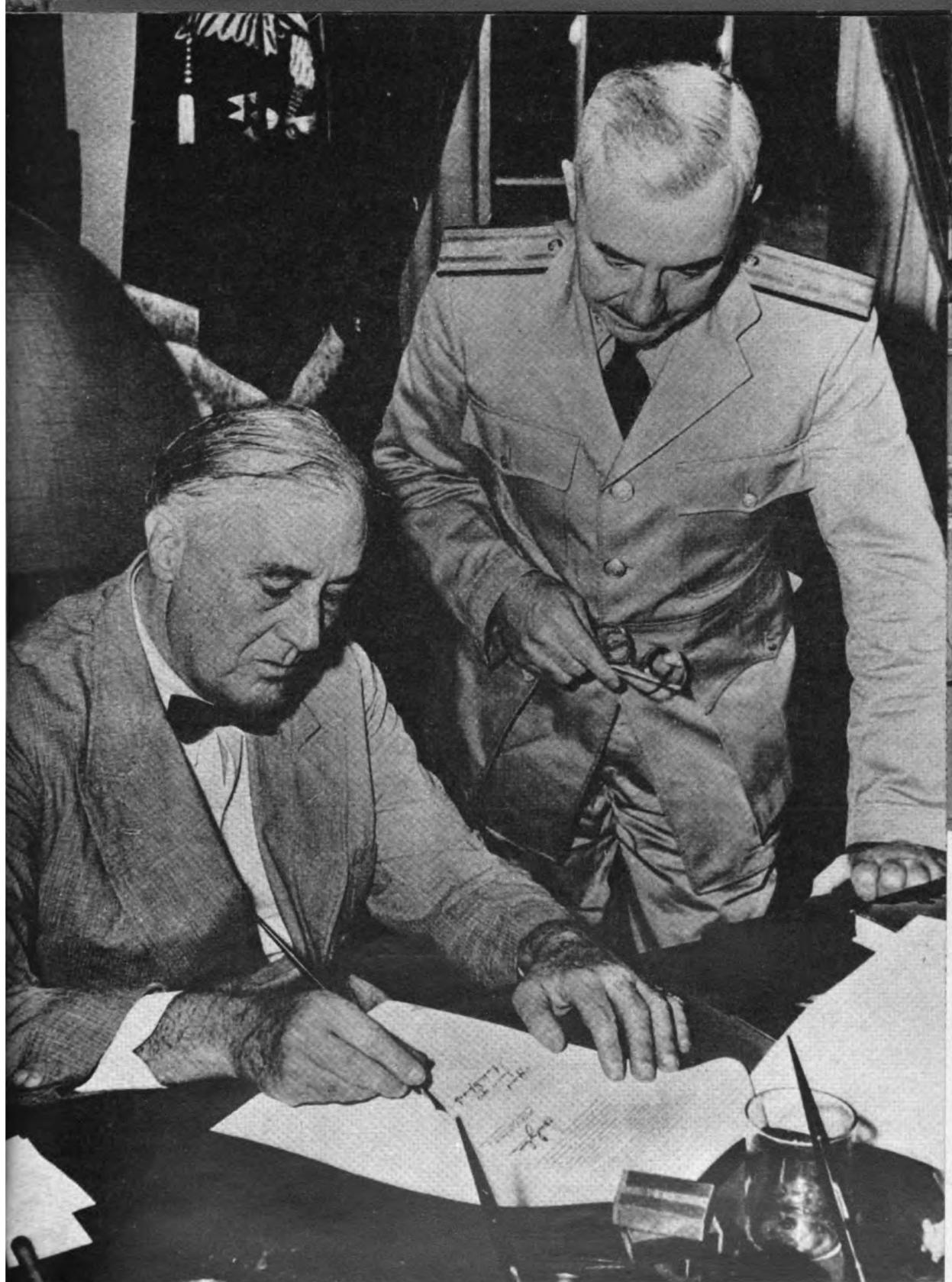
program did not require acceleration. Under the Corps, State boards of nurse examiners cooperated closely with the Public Health Service. The recommendations of the National League of Nursing Education were adopted. The American Nurses' Association formed a Clearing Bureau on Problems of State Boards of Nurse Examiners to simplify registration procedures facilitating transfer by nurses from State to State and to resolve difficulties in acceleration that arose because of State board requirements. Throughout the war, joint conferences of the American Nurses' Association and the League, with the State boards, continued to aid in the problem. The benefits of this close collaboration extended into the postwar period.

All difficulties, however, were not easily resolved. There was a genuine fear among some State boards of nurse examiners that acceleration would result in lowered nursing standards. A member of the Advisory Committee was well aware of the problem from her nursing experience in World War I. *"It isn't my thought,"* she said, *"that acceleration makes nursing education poor. I think certain acceleration may be all right. But along with acceleration, you really have to have a superior student to do the job well. I couldn't help smiling when I saw a picture of an advanced student nurse giving a hypodermic. Actually, students are giving hypos now when they have been in school only four months. . . . And that is why we have to concentrate on good students."*

Once the schools were approved for participation in the program, it was necessary to assure their continued operation of accelerated curricula, if they were to continue to receive Federal funds. The regulations governing payments to the schools contained a provision that, if the Federal Security Administrator found failure to comply with the provisions of the law, he could, after reasonable notice and provision of opportunity for hearing, notify the institution that further payments would not be made until they had complied with the regulations.

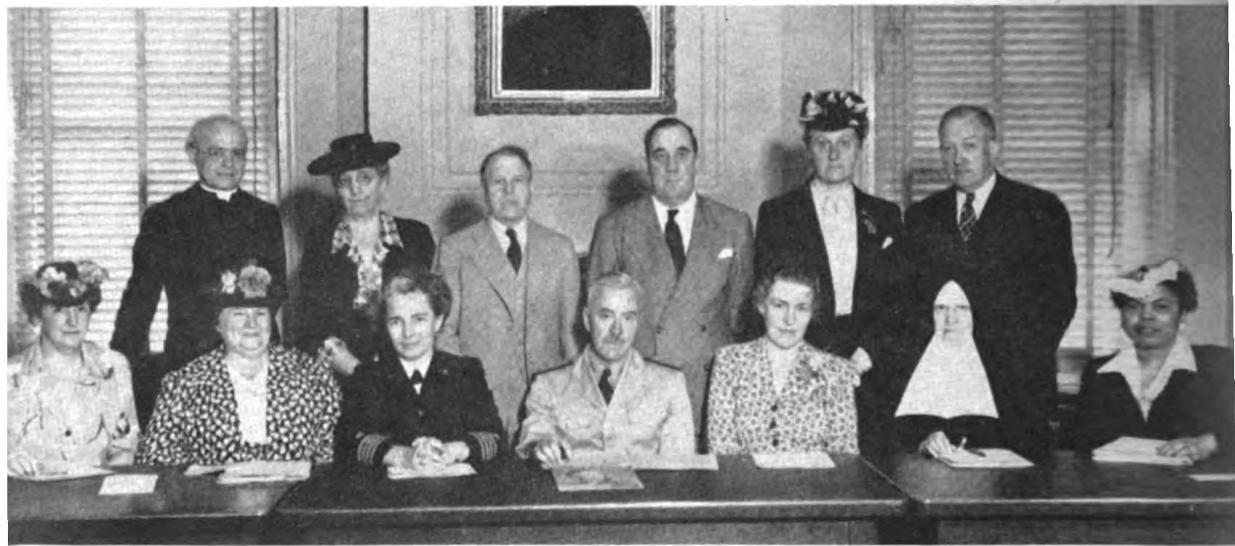
To deal with partial infractions, a plan for a deduction of \$20 a month for 6 months for each nonaccelerated student was worked out, this amount to be deducted from the next prepayment to the school. Letters went out to schools which had failed to maintain accelerated programs for all their Cadets, warning them that continued violation would mean disapproval of their further participation in the program. The demand for student service was so great that some schools used students on one clinical service longer than the accelerated plan permitted. As a result, these schools did not give the students experience in all of the services provided in their curricula within the time allotted.

Most schools, however, cooperated in the accelerated programs. Indeed, the experiment proved so successful that Dr. Hyrum Marshall, Advisory Committee member from the University of Utah, observed: *"One lesson of this wartime acceleration might well be the conclusion that 2½ years are sufficient to train a good registered nurse."*



The Cadet Nurse Corps was created . . .

President Franklin D. Roosevelt signed the Nurse Training Act of 1943,
witnessed by Surgeon General Parran, June 15, 1943.



An advisory committee to the Surgeon General was appointed . . .

STANDING, left to right:

Rev. Alphonse M. Schwitalla (S. J.)
Isabel M. Stewart
Dr. Hyrum Leo Marshall
James A. Hamilton
Anna D. Wolf
Dr. Oliver C. Carmichael

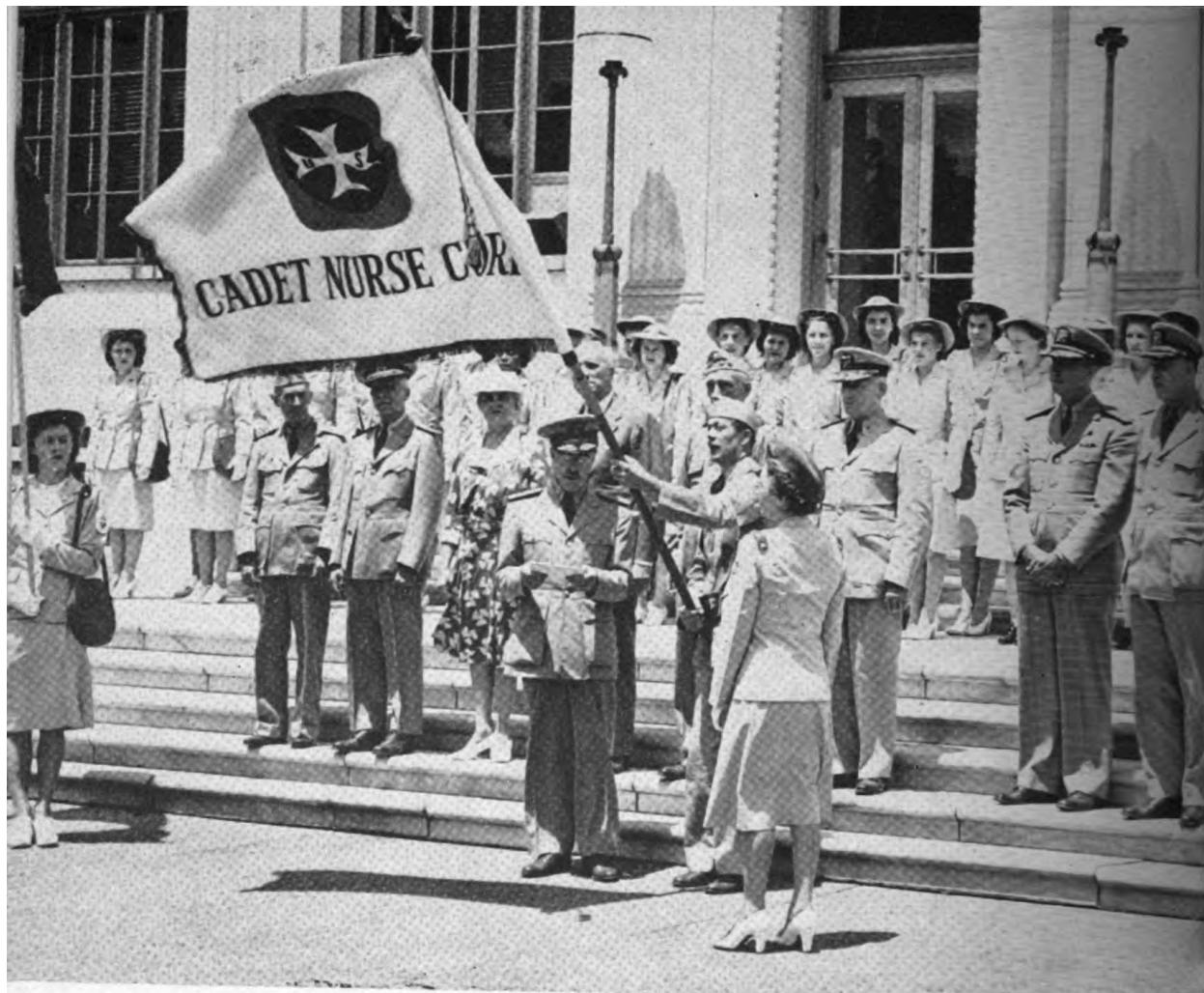
SEATED, left to right:

Marion G. Howell
Margaret Tracy
Lucile Petry
Dr. Thomas Parran
Mary E. Switzer
Sister Helen Jarrel
Estelle Massey Riddle



Cadet uniforms were selected . . .

A Cadet and Director Lucile Petry modeled their uniforms for Stella Goostray, second left, chairman of the National Nursing Council, and Elmira B. Wickenden, center, executive secretary of the Council, fall, 1943.



the flag of the Cadet Nurse Corps was raised . . .

The flag was presented to Director Lucile Petry by Surgeon General Thomas Parran [reading] at ceremonies in Washington, D. C., attended by officers of the Army, Navy, and Public Health Service. Also present was Representative Frances P. Bolton of Ohio (fourth left front), who was among congressional sponsors of the Nurse Training Act.

and at first induction ceremony in Constitution Hall, Cadets pledge to serve in essential military or civilian nursing.





They received their caps . . .





and in the laboratory.





They learned to care for patients of all ages . . .

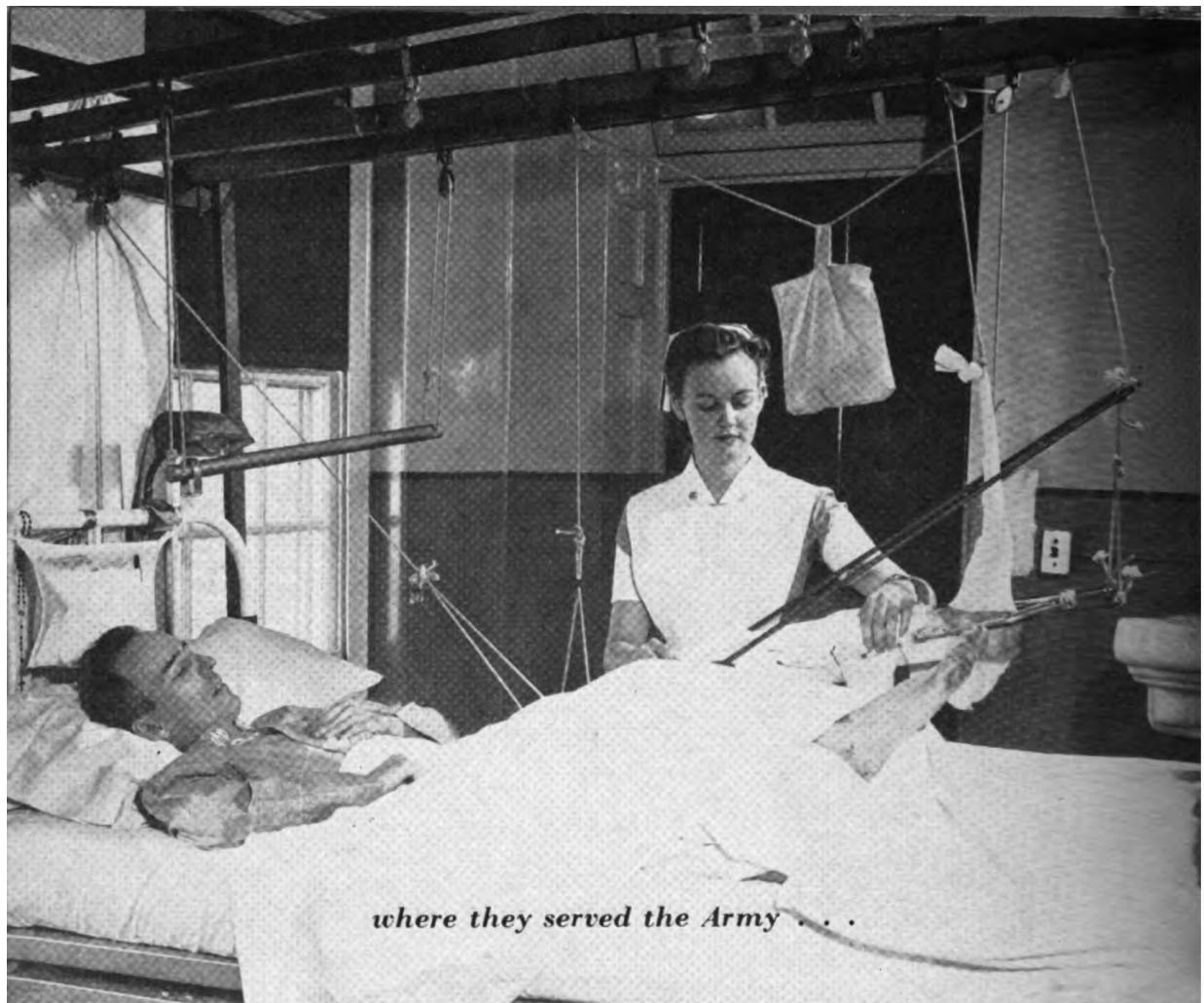


pausing for prayer . . .





Senior Cadets were welcomed at military hospitals . . .



where they served the Army . . .



Digitized by Google

Original from
UNIVERSITY OF MICHIGAN
and the Navy.



Senior Cadets served, too, in veterans' hospitals. As graduates, many serve there today.



Yesterday's Cadets are today's graduate nurses over the Nation.

Among nursing leaders, some felt that the shortened program was justified only by the emergency of war. Others believed that 2½ years was sufficient time. Shortening of the training period did not prevent students from trying out different fields of nursing, or supplementing their experience in different types of patient care. Some schools offered Senior Cadet assignments in psychiatric institutions, public health nursing agencies, and hospitals that did not have nursing schools. A few, such as the University of Minnesota School of Nursing, sent Senior Cadets to rural hospitals where they contributed invaluable service.

Senior Cadet stipends were not provided by the Federal Government. Federal funds went only to pre-Cadets and Junior Cadets. The law provided that during the 6-month Senior Cadetship, the hospital receiving the service would pay maintenance costs and a minimum of \$30 monthly to its Senior Cadets. The rate established by subsequent legislation for Federal service was \$60 a month.

The schools of nursing were responsible for planning the Senior Cadet period and guaranteeing that the experience would meet the requirements for graduation. They were responsible for the quality of supervision provided and for assigning all Senior Cadets except those who chose Federal service.

The responsibility for the Senior Cadet was shared, too, by State boards of nurse examiners. The boards were expected to guarantee that the Cadet, upon graduation, would be eligible for State board examinations. Many State boards discussed nursing requirements with schools of nursing, communicable disease hospitals, tuberculosis hospitals, mental hospitals, public health agencies, and others, and recommended plans for Senior Cadet experience. They also prepared lists of approved civilian hospitals using Senior Cadets, and forwarded this information to the State Board Clearing Bureau in New York for distribution to other Boards. The Federal hospitals' plans for offering experience to Senior Cadets also were approved by State Boards.

The operation of the Senior Cadet program was not without its cumbersome aspects. Although the Public Health Service was not legally responsible for the conduct of the Senior Cadet period, in actual practice the Service was, of course, concerned with how it worked.

The Division of Nurse Education repeatedly urged a wider distribution of Senior Cadet services. *"We must depend on the school directors to realize that other hospitals need Senior Cadets,"* wrote Miss Petry to one hospital administrator on July 14, 1944. *"By assigning Senior Cadets elsewhere, schools have more facilities for expanding their own enrollments, and they are making a fine contribution to the war effort."* Nevertheless, 73 percent of all Senior Cadets remained in their home hospitals.

Less than a year after the Corps was established, a sizable number of students were ready for assignment as Senior Cadets, since many students already in training had taken advantage of the opportunity to transfer to the Corps. In 1944, 12,000 such students became Senior Cadets; a year

later, 25,000 were ready for assignment. The fact that the great majority of these students remained as Senior Cadets in the same hospitals in which they received their earlier training was due, in some instances, to the fact that their schools failed to advise them that it was their privilege, under the regulations, to apply for service as Senior Cadets in any hospital approved for the program or urged them to remain in the home school. As a whole, Senior Cadets themselves tried to serve where they were most needed and were widely commended for their services.

The Division of Nurse Education guided schools in planning Senior Cadet assignments and in developing supervised experience for those who remained at their training hospitals. As it worked out, about 90 percent of the Senior Cadet experience was in medicine, surgery, communicable disease, or out-patient departments, while a few Cadets had service in obstetrics, psychiatric nursing, tuberculosis, public health, and other specialties.

The Division recommended that Senior Cadets be housed outside the school residences in order to free living quarters for incoming students. It suggested that schools assigning Senior Cadets to other institutions ask for written statements covering the type and length of nursing experience offered, the supervision, the weekly hours of nursing practice, the provisions for maintenance and payment of stipends, the living arrangements, transportation costs, and student records. All but 15 nursing schools cooperated in this plan. The exceptions were collegiate schools of nursing whose program led to a degree, with a total clinical period of 30 months or less.

Advance planning had left many problems unsolved as the first Senior Cadets became available. Questions were put to the National League of Nursing Education, which had worked out the acceleration plan and had issued, in December 1943, a bulletin on supervised practice period outlining the basic premises of the Senior Cadet program. "How many hours of practice per week should Senior Cadets have? Should the assignment be spent in one institution? What should the nursing experience include?" These were among the questions asked by the schools. The League was prepared to answer some of the questions and others were relayed to the Advisory Committee of the Corps. "*Irregular dates of completing the Junior Cadet period have created some difficulties in Senior Cadet assignments,*" reported Mrs. Spalding, Associate Director of the Division of Nurse Education. "*Also some institutions—hospitals for psychiatric patients, for example—lack funds to pay stipends even though they need the Senior Cadets very much. And then, too, we are concerned about hospitals that bargain or bid against each other for the services of Senior Cadets.*"

The use of Senior Cadets by the Federal services was included in plans when the Cadet Nurse Corps was established. On June 30, 1943, the Federal Security Agency had called representatives of the five Federal nursing services to consider uniform plans for the use of Senior Cadets. They agreed that 50 percent of the first Senior Cadets available could readily be absorbed

in the Federal service. They estimated an initial need for 5,050. The Army Nurse Corps bid for 3,000 of the first Senior Cadets; the Navy Nurse Corps set a quota of 1,200; the Veterans' Administration, 500; the Public Health Service, 200; and the Indian Service wanted 150 Senior Cadets.

At the request of the Federal Security Agency, the Civil Service Commission processed applications of Senior Cadets for Federal service. The first applications were received in November 1943. These were students who had already been in training when the Corps was established. In May 1944, a Cadet Nurse Group was established within the Examining and Personnel Utilization Division of the Commission. This group worked under the supervision of Ruth Heintzelman, Nursing Consultant of the Commission's Medical Division.

The first assignment of Senior Cadets was made in April 1944, when 27 Cadets were appointed to the Navy, 19 to the Indian Service, and 10 to the Veterans' Administration. One month later, nine Senior Cadets were assigned to a Marine Hospital of the Public Health Service. In June 1944, 700 Senior Cadets were assigned to Army hospitals.

Two factors were cited as the reason why actual assignment to Federal services fell below the estimated need at the outset of the program. The first hurdle to Federal service—lack of authorization to pay the Senior Cadets—was cleared in February 1944. A legislative amendment established a uniform rate of pay—\$60 a month and maintenance—for Senior Cadets in all Federal services. While \$30 monthly was the minimum established for civilian hospitals, some sought to compete with the Federal services for Senior Cadets by raising their stipends.

The second block to Federal service—slow processing of applications—was removed gradually. Harold A. Finley of the Metropolitan Life Insurance Co. and Stuart Allen of the Civil Service Commission were assigned to simplify the processing of Senior Cadet applications. They recommended a procedure to expedite the processing of applications, their referral to Federal agencies, and the reporting of assignments by those agencies. Under the new procedure, an increasing number of Senior Cadets entered Federal hospitals. By the close of the program, 17,475 Senior Cadets had served the Federal Government. (See appendix B, table F.)

At the end of the war, when the Army and Navy discontinued their Senior Cadet programs, the quota of Senior Cadets for Federal services was cut from 50 percent to 20 percent. When the Civil Service Commission informed the Public Health Service in March 1946 that its budget could no longer support the processing of Cadet applications, the three Federal agencies then using Senior Cadets—the Public Health Service, Veterans' Administration, and Indian Service—reimbursed the Commission proportionately until the program terminated in June 1948.

During the war, the service of Senior Cadets undoubtedly stimulated a new interest in Federal nursing services. Today many former Cadets are employed in Federal services which they served as Senior Cadets.



8. the education of nurses

Cadets were trained in an educational system which varied widely in quality and standards. It was not the intention of Congress to reform nursing education, but to train an augmented number of nurses in the country's existing schools. However, it was the continuing responsibility of the Corps management to protect the expenditure of Federal funds. The law set forth that "nurses under the plan will be provided courses of study and training meeting standards prescribed by the Surgeon General." In other words, while the Government could not dictate educational standards to the nursing schools, it was obliged to guarantee that Federal funds would buy adequate education. Every effort was made to avoid the lowering of professional standards.

In 1943, nursing educators, hospital administrators and Government advisors assured Congress that the federally subsidized training of nurses would at least conform to minimum standards. Furthermore, the Government wished to avoid the possible establishment of inadequate schools of nursing. Finally, if Cadets as graduates were to meet the requirements of military and civilian services, they would have to be well-trained.

The Surgeon General was authorized by Congress to prescribe certain requirements for the participation of schools in Cadet training. These regulations were:

1. The school had to be accredited by the appropriate accrediting agency for schools of nursing of the State or Territory.
2. An institution offering a degree in nursing had to be accredited by the appropriate accrediting agency for universities and colleges.
3. The school had to be connected with a hospital which had been approved by the American College of Surgeons, or which maintained standards of nursing equivalent to those required by the college. In a central school of nursing, the major hospital clinical unit had to meet these standards.
4. The school had to require for admission not less than graduation from an accredited high school.

5. The school had to maintain an educational staff adequate to provide satisfactory instruction and supervision.

6. Its curriculum had to include all those units of instruction necessary to conform with accepted practices in basic nursing education. It had to be arranged so that the required program of combined study and practice would be completed in 24 to 30 months.

7. The school had to provide adequate clinical experience in the four basic services—medicine, surgery, pediatrics, and obstetrics—for the number of students which it proposed to enroll.

8. The school had to provide well-balanced weekly schedules of organized instruction, experience and study.

9. The school had to provide adequate and well-equipped classrooms, laboratories, library, and other necessary facilities for carrying out the educational program, and satisfactory living facilities and adequate student health service which had to be continued throughout the period of training.

10. In evaluating the adequacy of school facilities to meet the various requirements specified, the standards of the National League of Nursing Education were to be used as a guide.

“Standards of appropriate agencies” usually meant the standards of the State Boards of Nurse Examiners, which varied widely from State to State. As the Cadet Nurse Corps got under way, some schools approved by their State boards could not measure up to the standards of the National League of Nursing Education. The war depleted teaching and nursing staffs, and student nurses, living in overcrowded quarters, were pressed into long hours of service.

Congressional hearings in connection with the second appropriation emphasized that all schools, regardless of their location or size, should be allowed to participate. As a result, the Corps approved many smaller schools, some of them operating with lower educational standards. Of the Nation’s 1,312 nursing schools, 1,125 were approved for participation in the program. (See appendix B, table B.)

On the application from each school, the Division of Nurse Education had a description of the school’s educational, clinical, and health facilities. That it was a school approved by the State board of nurse examiners was also indicated. The qualifications and work load of the instructors and supervisors, the background of teaching personnel, and the curriculum were also covered.

By means of these applications and field visits to the schools, nurse education consultants verified the acceleration of the educational program and determined how many students could be enrolled. Schedules of clinical practice were reviewed as well as were the facilities for teaching, housing, and health programs, the libraries, classrooms, and demonstration rooms. This information disclosed many substandard conditions among some schools of nursing, particularly the smaller ones.

"The National picture is not altogether pleasing," Miss Wolf remarked at one advisory committee meeting. *"A large number of our 1,300 nursing schools are not training skilled nurses, and haven't for the past 40 or 50 years. The main reason is the small school with its plea to be left unchanged. And so we must keep our standards low enough to allow them to get through, and thus we have held back nursing education all these years. There must be some solution to this which doesn't penalize the whole country, and every student who goes into these poor schools."*

Minnesota had one solution. There, smaller schools were affiliated with the large University School of Nursing. The University of Minnesota plan, as worked out in collaboration with the State Hospital Association, supplied rural hospitals with students from the university for a period of 3 months. The students thereby got actual experience in a rural hospital and community.

As the regulations were tested against actual conditions, the "reasonable standards" set for the country as a whole did not seem possible of attainment by some the schools. Readjustments were made by the Division of Nurse Education, which set somewhat lower standards for certain of the smaller schools.

The main points on which the small schools were judged for Cadet training were: the qualifications and number of their instructional personnel; their clinical facilities; their curricula; their weekly schedule of hours and their health and guidance programs.

These border-line schools produced only a small percentage of the total Cadet force. But they were trouble spots of administration. Some of them were given provisional approval and allowed three months in which to improve their educational program. During this period they were given the help of nursing education consultants of the Division of Nurse Education.

In order to increase enrollment in schools already expanded to their individual limits, the Division of Nurse Education recommended affiliation with other hospitals or colleges. *"In practically all schools,"* the Division reported in a memorandum to nursing schools in 1944, *"a single clinical service may prevent further expansion."* For example, a school might be able to accommodate 75 admissions per year as determined by its surgical, pediatric, and obstetric facilities, but can admit only 50 students annually because of its limited medical service. This school should arrange an affiliation in medicine.

"Such an affiliation helps to meet nursing needs for the added medical patients, allows the home school to give more adequate service to its surgical, pediatric, and obstetric patients, and may allow the home hospital to make the needed expansion of obstetric service."

"If every school in the country," the report concluded, *"were to add a psychiatric affiliation (or any other 3-month affiliation), and at the same time keep its residence as full as it is now, the admissions to the schools of*

the country by that one step would increase by 10 percent this year, and patients would be better nursed and students better trained."

The Division attempted to show that affiliations, with consequent expansion of enrollment, would increase, rather than decrease, the amount of nursing service in the home hospital. It urged that State boards and State nursing organizations search out suitable clinical and educational institutions for affiliation. These efforts were productive; a marked increase in psychiatric affiliations was one result.

The shortage of instructional personnel was an even more difficult problem. The Division of Nurse Education recommended that teachers be relieved of nonteaching functions. The use of married nurses and qualified nonnurse instructors was suggested. Promising young graduates were encouraged to undertake advanced preparation at once. This problem of getting instructional personnel at a time when most graduate nurses were attracted elsewhere was the principal justification for Federal subsidy of postgraduate and refresher programs.

The Nurse Training Act provided that the program for wartime education of nurses should be open to all, regardless of race, color, or creed. Twenty-one Negro schools of nursing participated in the Cadet Nurse Corps, and 38 other schools of nursing admitted both white and Negro students.

At the outset of the Corps program, the Division of Nurse Education appointed a Negro nurse consultant, Rita Miller, of Dillard University, to assist in advising schools and in recruitment of nurses.

The National Nursing Council had taken the first step to integrate the activities of Negro nurses into the total war program. Before the war, the Council had formed a Negro unit "to provide a better and wider use of the Negro nurse." Financed by the General Education Board of the Rockefeller Foundation, with supplementary aid in 1944 from the Kellogg Foundation, the unit was directed by Estelle Massey Riddle, of the National Association for Colored Graduate Nurses and a member of the Advisory Committee of the Division of Nurse Education. Observers saw in the mutual cooperation of Negro and white nurse leaders a step toward better understanding and fuller utilization of all nurse power, regardless of race.

In May 1945, a survey of Negro nursing, requested by the Surgeon General, was completed by Mrs. Riddle. In this first National report of Negro nursing schools and nurses, Mrs. Riddle observed: *"In 1943, there were 32 schools listed by the National League of Nursing Education admitting 1,918 Negro students. This number represents a 21 percent increase in Negro students in the same number of schools over 1942. Besides, she continued, "the number of schools admitting Negroes into mixed student enrollment has increased . . . The State Council in California has stated that 10 more schools have set policies which admit the Negro student . . ."*

Mrs. Riddle's report helped to bring to national attention many problems which troubled the Negro members of the nursing profession. The problems outlined in the report echoed educational and employment

complaints of Negro nurses over many years. There were, it was pointed out, an inadequate number of schools to train Negro nurses, poor clinical facilities, poorly trained instructors, and bad housing. Furthermore, there was lack of employment opportunity for Negro nurses in most hospitals and agencies, including the Army and Navy.

As for the Cadet Nurse Corps, the report pointed out, many directors of nursing were puzzled about where and how the Negro Senior Cadet would receive her experience. Many of the State boards of nurse examiners and State nursing organizations had not been able to help in finding facilities within their States for Negro cadets to receive experience or take affiliated courses.

"I wish to call attention to some of the State Board policies which I feel very definitely handicap the Negro institution," Mrs. Riddle stated. *"Although there is much improvement, there is still a policy to approve a school for Negroes on a much lower standard than for others."*

The number of Negro students in Cadet Corps training was about 2,600, the report estimated. *"This number is dangerously low in relation to the national need as well as to the health problem within the Negro group itself. The Nation's Negro population now totals approximately 13,000,000."*

The report made many recommendations. Among them were that regional conferences in the South bring together educators and vocational counselors from strategic Negro schools and colleges to discuss opportunities and problems in nursing education. It recommended that definite and immediate steps be taken to remove limitations in quotas and the segregation of Negro nurses in the Army Nurse Corps and to admit them to the Navy Nurse Corps. It also suggested that qualified Negro nurse consultants be appointed to the Public Health Service.

The report further recommended that the Public Health Service make a study to determine the number of Negro nurses needed nationally and to what extent the employment of Negro nurses was likely to correspond to the need; that State and local health departments be encouraged to employ Negro public health nurses, especially in the southern areas where the number was then approximately 100; that practical institutes be conducted to assist Negro nurses in the teaching, supervisory, and administrative positions which they held; that collegiate schools of nursing in six areas of the United States be established for Negro women. There were collegiate programs at Dillard and Tuskegee Institute, Florida Agricultural and Mechanical College, Meharry Medical College, Medical College of Virginia, and Hampton Institute. The report recommended that barriers against the use of Negro Senior Cadets in federally controlled institutions be removed as speedily as possible; and that schools of nursing with large clinical facilities participating in the Corps take steps to admit Negro students.

An increasing number of Negro nurses were trained during the Corps program; more received employment and more schools admitted mixed classes. Boston City Hospital became one of the first northern institutions

to admit a group of Negro Cadets on affiliation when it received 12 students from the Tuskegee Institute School of Nursing. Many schools for the first time trained Negro girls along with white.

In relation to all aspects of the wartime nurse training program the nursing consultants of the Division of Nurse Education traveled hundreds of thousands of miles and wrote hundreds of thousands of letters to the schools in hospitals and universities. The annual review of applications for participation was in itself the occasion for the dissemination of a large volume of information to these institutions. Consultative services were primarily confined to the points specified in the regulations but since these included the major factors contributing to a sound educational program, these services had vast general value. Each school was known well by the consultants assigned to the area. The service was direct and specific.

In part through the work of these consultants, the directors and personnel of the school felt a strong sense of satisfaction in engaging in a unified effort of national value. Morale and enthusiasm were high.



9. housing and health

To make possible unprecedented enrollment of student nurses, Federal funds were granted for the expansion of residence as well as educational facilities in schools of nursing. This enabled many schools to accept double their normal classes.

At the outset of the Corps, nursing schools all over the country reported that nurses' quarters and classrooms were overcrowded. Many schools were able to rent or purchase additional buildings, but others found it necessary to appeal to the Government for help. A survey in 1943 indicated that dormitory facilities for at least 6,000 more students would be required. Faced with the appeal of 65 schools for Government aid, but with no funds for physical facilities, the Public Health Service arranged with the Federal Works Agency for use of construction funds granted under the Lanham (National Defense Housing) Act of 1940.

This act made available funds for war housing and public works and services. Under the agreement with the Federal Works Agency, schools of nursing which could not otherwise provide space for augmented classes received a share of Federal funds for housing. The new facilities included living quarters, library space, classrooms, and demonstration rooms. A total of \$25,657,785 was appropriated for 239 nursing school construction projects.

The Federal Works Agency was responsible for deciding where, how, and to whom Lanham Act funds were to be allotted. The Public Health Service screened applications for the funds. This interagency program worked effectively. Plans were prepared by the architectural unit of the Hospital Facilities Section, Public Health Service, in collaboration with the Division of Nurse Education. Recommendations were then forwarded to the Federal Works Agency.

The agencies involved had agreed that the need for housing and educational facilities in nursing schools would be recognized on the basis of

the school's participation in the Cadet Nurse Corps. This was a departure from the policies of both the Federal Works Agency and the War Production Board, which had previously provided for hospital or nurses' facilities only when there was military or industrial activity in the area.

At the beginning of the Corps program, it was estimated that approximately 6,500 additional beds would be needed for nursing students, and \$13,500,000 was allocated for the purpose. By June 1, 1944, about 200 projects representing a total of 7,414 beds were approved at a cost of \$10,334,604. Because of the increased crowding in many schools, another \$4,500,000 was made available in the summer of 1944. This amount added 3,000 more beds in 50 schools. The Federal Works Agency limited the cost of new facilities to \$2,400 per student bed. In each case, the school shared the cost with the Government.

In obtaining Lanham Act funds, the nursing school first applied for a grant. A joint survey of the school's facilities was then made by representatives of the Federal Works Agency and regional public health nursing consultants of the Public Health Service. The purpose of the survey was to determine whether existing accommodations plus those requested were in excess of the number required for the students the institution could train. They sought to determine most rapid and economical method of acquiring needed facilities, whether by purchase, rental, remodelling, or construction. The report of the joint survey was given to the Hospital Facilities Section of the Public Health Service, where it was considered along with the reports of surveyors of the Federal Works Agency. If the request was endorsed, it received Presidential approval and was forwarded to the War Production Board for priorities.

The record from September 1943 to November 1944, marking the start and the end of the Lanham projects, shows that some 400 applications from nursing schools were cleared with the Public Health Service. All but 40 of these applications were jointly surveyed in the field. More than 320 applications, representing approximately 14,000 beds, were jointly endorsed at the district level. Of these, 240 were certified for additional facilities. In all, 239 applications representing 12,144 additional beds, were approved by the President for Lanham subsidy. Of these projects, 160 included training facilities; 172 provided for construction; 69 were for purchase, lease, or renovation of existing buildings. The total cost was \$25,657,785, at \$1,958 to \$2,113 per student bed. Of this total, \$8,260,783 was contributed by the nursing schools, and \$17,397,002 was put up by the Government. Schools in all but 9 States were aided in their housing problem.

In addition, a limited number of applications for building material priorities were filed by schools which financed their own expansion. The Public Health Service cleared 50 applications for priorities, 40 of which involved field investigation. The War Production Board accorded priorities to 30 of these plans.

Not only housing, but also the health of students concerned Corps leaders. In the first year of operation, they feared that the strain of wartime work and study schedules might bring physical harm to the young Cadets. After 13 percent of the students willing to serve as Senior Cadets in military hospitals failed the Army's physical examinations, a few observers held that the physical requirements were too high. But frequently, such serious maladies as heart disease and tuberculosis had been discovered.

The Public Health Service with its interest in health of all citizens and its specific interest in student nurses, undertook the first comprehensive study of health programs in schools of nursing. The report of this survey carried on by the Division of Nurse Education with recommendations for a sound health program for student nurses was published in Public Health Reports, Supplement No. 189, and distributed to schools of nursing and was the most comprehensive student health guide available.

In October 1944, Surgeon General Parran appointed a working committee composed of public health authorities to formulate a definite health program for student nurses. Members of the Health Program Committee were: Dr. C. L. Williams, Assistant Surgeon General, chairman; Dr. Herman Hilleboe, Medical Director, Tuberculosis Control Division; Dr. Robert H. Felix, Medical Director, Mental Hygiene Division; Miss Petry, Director, Division of Nurse Education; Dr. Burnet M. Davis, Surgeon, Division of Public Health Methods; Dr. Walter E. Doyle, Surgeon, Industrial Hygiene Division; Mary J. Dunn, Senior Public Health Nurse, Division of Nurse Education; Dr. Ruth E. Boynton, Professor and Acting Head, Department of Preventive Medicine and Public Health, University of Minnesota.

Consultants to the committee were: Adelaide A. Mayo, National League of Nursing Education; Helen W. Munson, American Journal of Nursing; George Bugbee, American Hospital Association; Dr. W. W. Bauer, American Medical Association, and Dr. Harry W. Archer, American Dental Association. Special assistance was given by various Public Health Service officers specializing in dentistry, venereal disease, nutrition, and sanitation. In May 1945, the health program outlined by the committee was adopted by the Division of Nurse Education. The Health Program Committee began by studying health facilities and reports of physical examinations of students in 100 selected schools of nursing, a survey begun in November 1944, and completed in March 1945.

"The present study was designed to obtain some data on the scope and quality of currently existing health programs, and to aid in formulating recommendations for their improvement," the Committee reported. *"Since there are approximately 1,100 nursing schools in the United States participating in the Cadet Nurse Corps program, it was obviously impossible to study the health programs in all of them. A representative sample was considered the only practicable approach.*

"Since the purpose of the study was to find out what the prevailing practices are in health programs for student nurses, it was decided not to take schools known to have good programs, but to study a sample which would represent schools of all geographic areas and sizes, thus obtaining information on a cross-section of programs. A sample of 100 nursing schools was as large a group as it was feasible to interview with the time and personnel at hand."

The health survey carried out by interview techniques in 100 schools indicated a wide variety in health programs as well as in study and work conditions. Most nursing students, it was found, had clinical practice and studies at least 48 hours a week. There was a wide variation in vacation and sick leave. In response to the question, "Is there a student health service physician?" only 63 of the 100 schools answered yes. A designated health nurse was found in 67 studied. In 82 schools, the only physicians caring for student nurses were giving service on a volunteer basis. All but seven of the schools paid for X-ray, hospitalization, and laboratory tests of students. In 86 percent of the schools, physical examination was a prerequisite for entrance. Forty-five of the schools had entrance health examinations, and 92 required annual checkups.

The survey concluded that *"health programs for student nurses are far from standardized. It would hardly be anticipated that 1,100 schools of nursing, varying in size, type of hospital, medical staff organization, historical background and geographic location, should have identical programs. But schools of nursing which are preparing young women to serve in a vital health profession should be expected to have a uniformly high level of consciousness of the need for an organized student health program. . . . If such a consciousness does exist, in many cases it is not being implemented adequately by effective measures to promote positive health and to prevent and cure illness."*

The Health Program Committee outlined a comprehensive health program for student nurses on the basis of the study. Among its recommendations, the Committee proposed that schools admit only students in good physical condition. It recommended measures for the prevention of infection, and balance between work and recreation. Formal instruction in personal, mental, and community health was proposed. Adequate provision for a safe and healthful environment for students was urged. Methods for carrying out these recommendations were outlined. This study became part of the consultative service to schools which the Division of Nurse Education operated until the close of the Cadet Nurse Corps program. The actual working out of a sound health program was left to the nursing schools themselves, and many of them voluntarily reported varying degrees of improvement in student health care.

10. school cost



The total amount of Federal funds expended through schools of nursing for the basic training of nurses under the Cadet Nurse Corps program was \$149,026,478. The cost to the Federal Government of training each student for three years averaged \$1,360. Payments for student maintenance, school uniforms, and stipends accounted for 80 percent of the Federal expenditure, while tuition and fees amounted to about 18 percent of the total allotted to schools.

While the Government did not pay the full cost of educating and training nurses, it did take over all costs which would normally have been charged to the student. Federal funds for board and room were paid at the rate of \$45 a month per student for the first nine months. This rate was later reduced to \$35. The monthly stipends were respectively \$15 and \$20 a month per student in the pre-Cadet and Junior Cadet periods.

The Surgeon General was authorized by law to grant "reasonable tuition and fees." Wherever possible, the amounts which had been charged students by the schools themselves were used as a basis for determining the allotments. But this would not work in all instances. Tuitions and fees which the schools had been charging varied from \$50 a year to \$800. In some instances, as noted previously in this report, there was no tuition. In a number of cases, schools which did have established scales of tuitions and fees took the position that the large increases in enrollment contemplated under the Nurse Training Act would so add to their costs that individual tuitions and fees would have to be increased above their former charges. Applications for grants to cover above-normal costs were sometimes granted following investigation by the Division.

For the first fiscal year, 1944, the nurse-training programs received from Congress an appropriation of \$55,200,000. For 1945, an estimated budget for \$72,000,000 was submitted and \$63,000,000 granted. Many of the schools had indicated increased costs for 1945 over 1944. Furthermore,

55,200 more students were expected to be admitted to the Corps in 1945, bringing the total number of cadets to 125,000. However, the House Appropriations Committee raised two questions which led to trimming down the requested amount: First, how to justify the wide variation of tuition fees allowed the nursing schools; and, secondly, how to measure the efficacy of the program.¹

A range in charges for nursing education had existed for years. Larger nursing schools connected with universities, offering educational programs leading to a bachelor's degree, generally charged the highest tuitions. The problem of allotting "reasonable" tuition for nursing education in schools ranging from those offering excellent education to those which offered scanty instruction and experience was never completely solved.

The appropriations committee concluded: "*The committee does not at this time feel justified in placing limitations upon the tuition that may be paid in each instance because that is a comparatively new program and the administrative authority should have an opportunity to bring such costs within proper range. But it does feel that unless proper limitations are set up through administrative authority before another appropriation is requested, that it will be its duty to endeavor to fix limitations that will prevent discrimination and accord equal treatment to all.*"

Accordingly, on July 25, 1944, in an effort to adjust tuition charges, the Surgeon General held a special conference of the Advisory Committee with representatives of schools charging more than \$400 in tuition fees. At this conference, representatives of the schools produced evidence that the rates being charged were the same as those charged prior to the passage of the Nurse Training Act. They explained the reasons for their charges and advised the Surgeon General that it was not possible for them to comply with the statement of the appropriations committee.

After further discussion of the problem, the Surgeon General established three ceilings on charges for tuition and fees. A maximum of \$600 per year was set for collegiate institutions whose programs led to a degree; up to \$400 was allowed nursing schools affiliated with colleges and universities, and a ceiling of \$200 a year per student was set for hospital nursing schools. Schools were allowed Federal funds for tuition and fees at their previous rate and were allowed increases if justified but not above the specified maximums.

The House Appropriations Committee in 1944 also investigated the efficacy of the Corps program. Directors of the program declared that the project was justified not by the number of graduate nurses produced during the war, nor by its limited direct aid to the military, but rather that it was an investment of Federal funds to help meet the critical needs of civilian hospitals whose staffs had been depleted by the military demand for graduate nurses. A greater number of students thus increased the number of graduate nurses available for military duty.

¹ Hearings on nurse-training programs, held by Appropriations Committee, House of Representatives, 2d sess., 78th Cong., March 28-29, 1944.

"There is no question of the need for nurses in this country for the civilian population as well as for the Armed Forces," the legislative committee declared. *"It is an appealing program. The justification for the program, however, is based upon its contribution to the war effort, and analysis of results obtained, which would not normally have occurred, is not very convincing as to the efficacy of the program. . . The committee feels obliged to call attention to the fact that there is no obligation whatever requiring these trainees to make themselves available for essential nursing after the war, and in fact only a moral obligation to do so during the period of the war. . . ."*

Nevertheless, the committee approved a second appropriation of \$63,000,000 for the fiscal year 1945 for the nurse training program.

The expressed desire of Congress for fixed limitations on tuition fees led directly to a comprehensive study of nursing school costs. It was an attempt to obtain accurate data on the actual cost of nurse education; it was not an audit of Federal fund expenditures. Until the Corps' program was launched, there had been no general information on the costs of basic nurse training programs.

Under Dr. Louis Block of the Hospital Facilities Section of the Public Health Service, a school cost study was begun in August, 1944 with an analysis of costs at the Vanderbilt University School of Nursing, Nashville, Tenn. In this work, Dr. Block was aided by Neil F. MacDonald of the Hospital Facilities Section and Ruth E. Johnson, nurse education consultant of the Division of Nurse Education. Serving as consultants were Blanche Pfefferkorn, Director of Studies, National League of Nursing Education; Stanley A. Pressler, Associate Professor of Accounting, School of Business, Indiana University; and Dr. Charles Rovetta, Assistant Professor of Accounting, University of Chicago. By the fall of 1945, 46 school cost studies were completed.

The schools were chosen for study on the basis of their geographical distribution, daily patient average of their hospitals, student enrollment, type of institution, and the total tuition and fees charged each student.

The study, in general, revealed that, when the value of nursing service was considered, the total income of the 46 schools slightly exceeded their total costs. However, more than half the schools studied had expenses that exceed income. Most nursing schools, it was found, did not compute the financial value of the service of students in training.

The study explored the schools' incomes, the costs of operation, and the value of student services rendered. It attempted to determine what part of the education costs was met by direct payment of fees and what part was met by the students' services. It also examined whether costs in one type of school corresponded with those of others and established a basis for determining the cost of basic nurse education. A Manual of Cost Analysis Methods and Procedure was published and became a guide on cost analysis for nursing schools.

The following year, the Appropriations Committee expressed satisfaction with the Surgeon General's actions to bring tuition fees into line.² However, it suggested further savings. "Some progress toward economies has been made during the past year in adjusting tuition costs," the Committee reported in 1945. "But that field is not closed. It is believed that adjustments in grants for maintenance of students are in order, when consideration is given to the services being performed by the student nurse in the care of patients during her training period."

Actually, the tuition and fees represented only 18 percent of the total Federal cost of nurse education. The Surgeon General next sought to reduce maintenance costs, which represented the largest single part of program costs.

Hospital groups were scarcely enthusiastic over the prospect of lowered maintenance payments by the Government. However, cost studies had shown the financial value of student service. Nursing educators were reminded that very few nursing schools had charged for maintenance before the Cadet Nurse Corps program started. Eventually, maintenance paid from Federal funds was cut to \$35 per month.

Thorough records of allotments and expenditures were required by law and maintained. The Surgeon General's regulations required that the accounting of all participating institutions separate Federal funds from all others. The nursing schools were requested to keep complete records on enrollment data, showing the number of students admitted to the Corps, the number withdrawn, dates, reasons for withdrawal. The allotment procedure for the fiscal year July 1, 1944, to June 30, 1945, was simplified over that of the preceding year. Payments were made in advance and according to expected enrollment, adjustments for overpayments and underpayments were made in the next advance payment. At the close of the program every account received final audit and amounts found due the Government or the school were paid.

The financial administration of the Cadet Nurse Corps was complicated by the fact that most of the nursing schools had no corporative entity, and many had no separate accounting and fiscal systems. Most of these schools found it difficult to make out proper budgets, or to keep proper accounts.

While no specific changes in accounting procedures were required of the schools, the Division of Nurse Education developed and recommended certain types of records for the adequate accounting of Federal funds. These were a general ledger, a columnar cash ledger, and a student ledger. A complete budget was required only for the first year of the school's participation in the program, since unit rates for each item needed approval only once. Subsequently, the school submitted requests for funds based upon estimated student admissions.

² Hearings on nurse training programs, held by Appropriations Committee, House of Representatives, 1st sess., 79th Cong., April 19-20, 1945.

Field auditors visited the nursing schools to verify school records. They were assigned to each district office and covered the schools in the area. At one time, as many as 32 auditors were in the field. By the close of the Corps program, records of all nursing schools had been audited. These audits resulted in the recovery of \$2,200,000 of the prepaid funds.

The largest payment to a single school was \$1,401,529—to the University of Minnesota School of Nursing, which trained 1,600 Cadets. Among other schools which trained large classes were those at Bellevue Hospital in New York City, at a cost to the Government of \$734,193.11; Los Angeles County General Hospital, which received \$681,643.76 and the Temple University School of Nursing at Philadelphia which received \$440,636.34.

Since admissions to the Cadet Nurse Corps continued through most of 1945, Federal funds subsidized Cadets until 1948, when the last recruits were graduated. The total expenditure under the Nurse Training Act of 1943, including the expenses for administration, uniforms, maintenance, tuition and fees, and stipends was \$160,326,237. (See appendix B, table G.) Of the total, \$149,026,478 was expended on basic nursing; \$3,464,850 on post-graduate and refresher programs; and \$2,411,603 on administration.

“In my opinion,” stated Surgeon General Parran before the House Committee on Military Affairs in January, 1945, *“the country has received and increasingly will receive substantial returns on this investment. We cannot measure what the loss to the country would have been if civilian nursing service had collapsed, any more than we could measure the cost of failure on the Normandy beachheads.”*



II. postgraduate programs

During the war, the shortage of nurses with advanced, specialized training was particularly acute, threatening the quality and stability of America's nursing service. Women who were nurse administrators, teachers, and supervisors and many who were trained in public health nursing, psychiatric nursing, and other special fields, joined the Armed Forces. At home, the demand for these services grew steadily. Boom towns needed public health nurses and war industries wanted industrial nurses. Auxiliary workers in hospitals needed supervision and enrollment in the Cadet Nurse Corps called for more and more nursing teachers.

The Nurse Training Act of 1943, which created the Cadet Nurse Corps, also provided for the postgraduate and refresher training of graduate nurses to be administered by the Division of Nurse Education of the Public Health Service. As already noted, a total of \$3,464,850 in Federal funds was spent for concentrated postgraduate studies in 57 universities and colleges throughout the country for 10,309 graduate nurse students. (See appendix B, table H.) On-the-job courses were provided by 70 institutions for 6,516 graduate nurses. Refresher courses for inactive nurses, although authorized, did not appear to be needed after 1943.

Augmenting the national supply of nursing supervisors, administrators, educators, public health nurses, and specialists was difficult since these nurses in positions above the staff level required advanced training usually in universities. Leaving employment of this type for study was exceedingly difficult. The nurse faculties in the universities offering advanced programs had lost members to various phases of the war effort who were exceedingly difficult to replace. The problems of providing essential and accelerated instruction without expansion of facilities and with decreases in faculty and increased enrollment troubled these advanced schools even more than the basic schools of nursing.

The large group of graduate nurses receiving advanced and supplementary education under Federal scholarships contributed greatly to the

wartime need. Some of these nurses entered postgraduate programs for public health nursing; many prepared for positions in nursing education, administration, or supervision, while others entered such specialties as psychiatric and tuberculosis nursing, or took advanced studies in medicine, surgery, obstetrics, pediatrics, and orthopedics. Still others took special courses to fill the need for midwives, nurse anesthetists, and other specialists.

As early as 1940, nursing and hospital leaders had petitioned Congress for direct grants to universities and colleges offering advanced preparation to graduate nurses. The Nurse Training Act of 1941, the first provision for educational grants from the Public Health Service to universities, supplied initial funds for advanced training. Previously, title 6 of the Social Security Act of 1935 had provided that 10 percent of Federal grants to States could be used for preparing public health personnel, and some States had granted funds to a few universities for the purpose. The Nurse Training Act, however, made direct Federal grants for postgraduate programs. From 1941 to 1943, 5,000 graduate nurses on Federal scholarships took postgraduate preparation for specialized and advanced positions. Thereafter, through the Nurse Training Act of 1943, Congress encouraged enrollment in postgraduate programs with increased Federal funds for scholarships and maintenance of students and continued to do so throughout the war.

When this act was passed, the nursing profession appealed for recruits to faculties. *"The faculties of some of our nursing schools have been seriously depleted,"* reported the American Journal of Nursing in August 1943. *"They are urgently in need of replacements. They also need additional instructors and supervisors to teach the enlarged classes which will be enrolled by the Cadet Nurse Corps."*

"The National Organization of Public Health Nursing some time ago urged the schools to direct a percentage of each class to public health nursing," continued the Journal. *"The complexities of wartime nursing are a challenge to any nurse with even a scrap of administrative ability. Among all the urgencies which clamor for consideration, the clinical specialties may be most in need of help because the directors of such courses have had less guidance from the national organization."*

"As for orthopedic nursing," the Journal stated, *"ask the Joint Orthopedic Nursing Advisory Service about opportunities in that field! And what of the wives and children of the men in service? Look at the program of the Children's Bureau and consider the need for specialists in pediatrics and obstetrics. Should you temporarily give up work to go to school? Why not, if by so doing, you will become a more effective person in wartime and in the postwar world."*

A month later, the nursing profession warned again that qualified graduate nurses were urgently needed for special and advanced work. *"The supply of graduate nurses for positions in these fields is rapidly being depleted,"* Mrs. Spalding of the Division of Nurse Education wrote in the American Journal of Nursing, September 1943. *"Large numbers of nurses*

have entered military service, and schools of nursing offering basic curricula are being expanded to prepare increasing numbers of nursing students. Additional teachers, supervisors, and administrators are required. Hospital and public health nursing services are expanding daily," she reported, urging that, "hospitals, nursing schools, and public health agencies build up their own administrative, supervisory, and teaching staffs and encourage promising graduates to enter postgraduate work."

Information on Federal benefits for postgraduate study was circulated in the country's universities and in professional magazines. Any graduate nurse interested in receiving Federal support for advanced and special study could apply directly for a scholarship to an approved college or university. Grants were made to accredited institutions which offered well-established advanced programs for nursing education or nursing service positions. The programs were to be approved by, or equivalent to those approved by, the Association of Collegiate Schools of Nursing, the National League of Nursing Education, or the National Organization of Public Health Nursing. Other conditions of grant payments concerned the school's admission and graduation policies, its faculty, curriculum, administrative organization, finance, budgeting, and accounting systems. Allotments for postgraduate programs were limited to tuition and fees as listed in the school's bulletin, and maintenance of nurses was paid by the Government in accordance with the prevailing rates in the locality. Payments were made on a quarterly prepayment basis to the institution for estimated expenditures and funds received were then wholly allocated to students. Universities were not reimbursed for costs of expanding programs. These universities and their faculties made a notable contribution to the Nation's war effort.

While some graduate nurses sought to take the free special preparation, many who were qualified continued to enlist in the military services. Despite appeals for postgraduate students, nursing schools and hospitals still complained that highly trained personnel were becoming increasingly scarce.

The Division of Nurse Education set out to study and measure the shortage of nurses with advanced training. At the request of the Division, the National Nursing Council in November 1943 issued a questionnaire to all accredited nursing schools. The survey, completed the next year, revealed that 25 percent of the posts in nursing arts and science instruction were vacant. Vacancies for teaching supervisors ranged from 15 percent to 27 percent in the psychiatric service. Twenty percent of the jobs for supervisors of nursing services were unfilled. Head nurses were needed, and many young nurses were employed for supervisory and special service for which they were ill-prepared.

Meanwhile, nursing education consultants of the Public Health Service returned from field trips to nursing schools with similar reports of shortages. One of the consultants reported that 200 graduate nurses could be placed immediately as instructors in southern nursing schools if they were available. Every school she visited had personnel shortages.

As the war progressed, the need for more nurses with advanced preparation continued to grow. Administrators were fearful that new, larger Cadet classes might be without teachers. At the end of 1943, the Procurement and Assignment Service of the War Manpower Commission classified nurses enrolled for postgraduate study as essential.

Col. Florence A. Blanchfield, superintendent of the Army Nurse Corps, reported to the Advisory Committee in June 1944: "*Our efforts last year were concentrated on all groups of nurses. From now on, we will turn our efforts to individual contacts with nurses who have been declared available, instead of trying to build up a large spirit and eagerness for service among nurses in general. We don't want to overstimulate those nurses who are already in essential positions.*"

In the Summer of 1944, the Division of Nurse Education reported to the Advisory Committee that the postgraduate plan was not meeting the wartime need. On August 14, the Surgeon General called a meeting of university representatives to consider the problem. It was decided that the way to deal with this situation was to devise on-the-job courses for those nurses in greatest need of special training but who were unable to leave their posts.

"If nurses can't take the time to go to the universities to study, then we will bring special courses to them," Miss Petry declared. *"Somehow we shall get trainers to give the advanced preparation."*

Subsequent to the Surgeon General's meeting with the university people, the Nurse Training Act of 1943 was amended to permit Federal subsidy of intensive on-the-job courses and emergency university courses. With that impetus, this gap in the training program was rapidly narrowed.

Among the intensive courses offered were: (1) Extramural courses conducted by a university center over a 6- to 18-week period for graduate nurses from several institutions; (2) condensed courses given in one to six weeks of full-time study by a "trainer," who met her students in a center sponsored by a university, by the State Board of Nurse Examiners, State Nursing Council, State League of Nursing Education, or State Board of Health; (3) course taught by a "circulating teacher," who moved from one area to another. These courses were sponsored by a nursing agency, university, or group of schools.

Once the special courses were established, it was clear that the nurse "trainers" would have to be trained themselves. Consequently a number of universities volunteered special three-week courses for trainers and the Government paid for their orientation and service. By the end of the war, more than 400 trainers were briefing graduate nurses on supervision, administration, teaching, and special clinical service. A total of 6,516 graduate nurses took on-the-job courses.

Admissions to Federally sponsored postgraduate programs ended on VJ-day. The advanced training of graduate nurses came to an end on June 30, 1946.



12. headquarters

The Division of Nurse Education, which was established in the Public Health Service on July 15, 1943,¹ to administer the Nurse Training Act of 1943, was directly responsible to the Surgeon General. The financing of nurse education represented a large portion (46.3 percent) of the total Public Health Service appropriation from 1944 to 1946.² The Division dealt directly with the schools of nursing rather than through State Health Departments, a practice common in the public Health Service.

As already pointed out, the Nursing Training Act of 1941, granting limited Federal aid to nursing education, had been administered by the Public Health Nursing Section of the States Relations Division.³ New methods and procedures for guiding the enlarged programs were formulated by the newly created Division of Nurse Education under the direction of Lucile Petry.

Miss Petry, Nurse Director in the Commissioned Corps (Regular), had been Assistant Director of the University of Minnesota School of Nursing before she joined the Public Health Service in 1941.

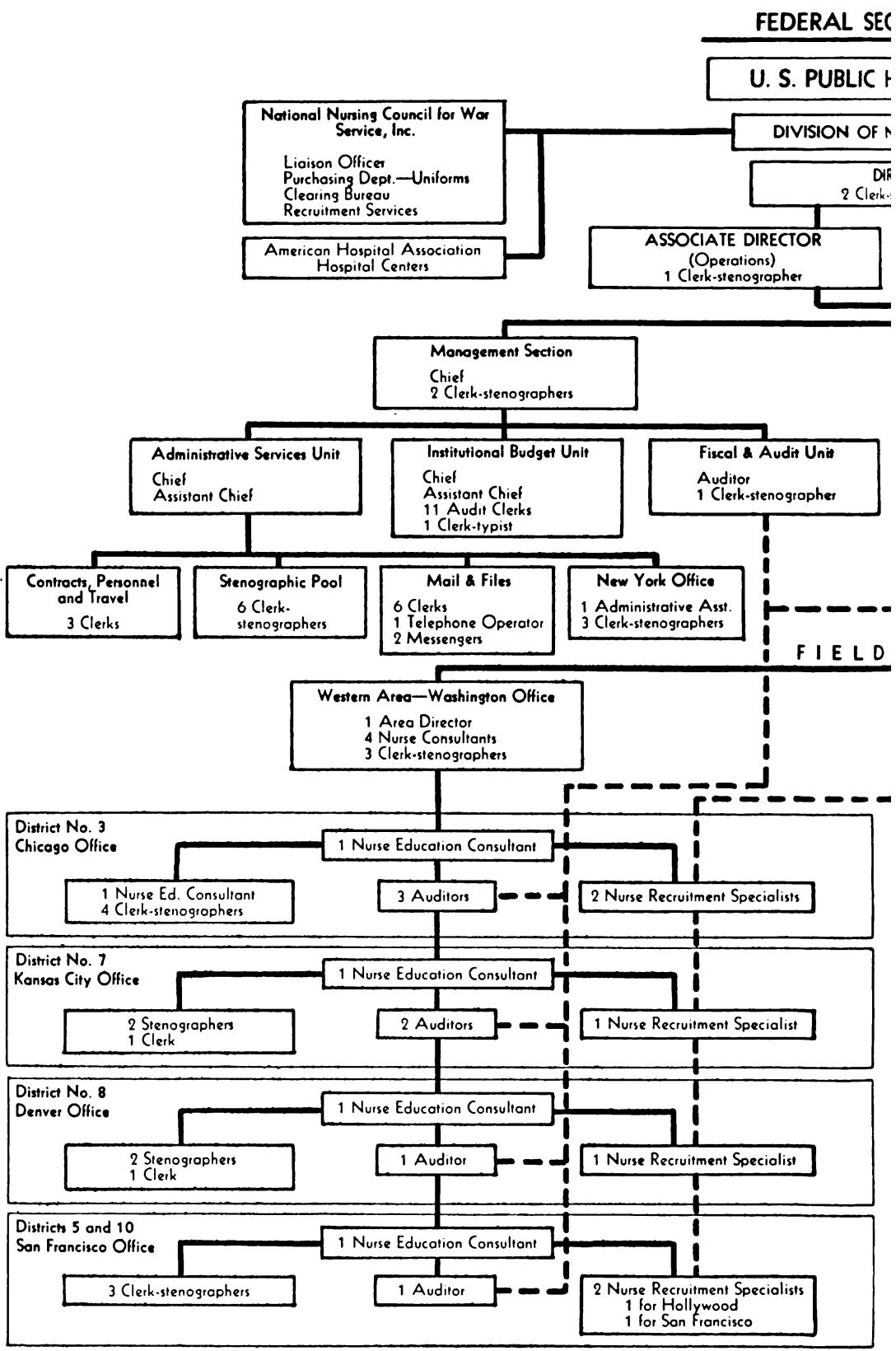
The Division consisted of a Nurse Education Consultant Section, a Recruitment and Public Relations Section, and a Management Section. To help administer the nurse-training programs throughout the country, an Eastern Area Director and a Western Area Director were appointed. Under the Central Office in Washington, six district offices were established in Public Health Service districts which were responsible to the Director of the Division. In all its units, the Division was responsible for the fulfillment of the Nurse Training Act of 1943—adherence to its regulations and completion of its purpose.

As this account has shown, the responsibilities of the Division of Nurse Education were varied. The Central Office in Washington developed and

¹ General Circular No. 91, Public Health Service Reorganization Order No. 1.

² From 1944 to 1946 the total Public Health Service appropriation was \$384,021,409. Of this amount, \$178,157,000 was appropriated for nurse training programs.

³ Became the Office of Public Health Nursing, Bureau of States Services, July 21, 1944.



ITY AGENCY

ALTH SERVICE

E EDUCATION

OR
graphers

Advisory Committee
10 Members

Statistical Unit
2 Statisticians
4 Clerks

SSOCIATE DIRECTOR
(Standards)
1 Clerk-stenographer

P. H. Nursing Consultant
1 Nurse Consultant
1 Clerk-stenographer

Nurse Recruitment Section
Chief
Assistant Chief
16 Information Specialists
7 Clerk-stenographers

OPERATIONS

Eastern Area—Washington Office
1 Area Director
4 Nurse Consultants
3 Clerk-stenographers

District No. 1
New York Office

1 Nurse Education Consultant

2 Nurse Ed. Consultants
4 Clerk-stenographers

4 Auditors

3 Nurse Recruitment Specialists

Districts No. 2 and 6
Washington, D. C.

1 Nurse Education Consultant

2 Clerk-stenographers

1 Auditor

1 Nurse Recruitment Specialist

District No. 4
New Orleans

1 Nurse Education Consultant

1 Nurse Ed. Consultant
3 Stenographers
1 Clerk

2 Auditors

2 Nurse Recruitment Specialists
1 for New Orleans
1 for Atlanta

District No. 9
Dallas

1 Nurse Education Consultant

3 Clerk-stenographers

1 Auditor

1 Nurse Recruitment Specialist

carried out policies in accordance with provisions of the Nurse Training Act and regulations of the Surgeon General. The Nursing Consultant Section advised and aided the participating institutions, appraised school applications, established acceleration techniques, directed consultants in district offices, reviewed field reports, made recommendations to the schools, and examined school facilities. The Management Section kept school records and accounts. The chief of this section directed field auditors and recommended fiscal administration. The Recruitment and Public Relations Section was the focal point for the vast recruitment program, in which many groups cooperated.

The district offices, in turn, offered field consultation service to the schools, and served to decentralize the recruiting of students and the auditing of school accounts. These offices were manned by teams of nursing consultants, public relations personnel, and auditors. In large districts, such as New York, there were three nursing consultants, seven auditors, two public relations experts and a clerical staff. In others, three persons carried the duties of the Corps. The first district office was officially opened in New Orleans, La., on June 17, 1944. Other offices were established in Richmond, New York, San Francisco, Chicago, and Kansas City. Through correspondence and telephone, and by frequent conferences and staff meetings, the Central Office in Washington directed the district activities.

The nurse education consultant in charge of a district office was responsible for the administration of office activities. She visited schools and helped institutions develop satisfactory educational standards for participation in the Corps. Further, she worked with State Boards of Nurse Examiners, nursing councils, hospital associations, procurement and assignment committees, and other organizations in her district.

Recruitment and public relations officers in the districts supervised local recruitment, organized community groups, carried on programs for mass communication, and consulted with the central office on policy matters and recruitment techniques.

Under the chief of the fiscal and audit unit of the management section in the central office, auditors assigned to district offices were responsible for auditing accounts of participating schools for accuracy and compliance with Federal requirements. They also surveyed fiscal and accounting practices of schools which requested such assistance.

On February 1, 1946, the Division of Nursing was organized within the office of the Surgeon General and the Division of Nurse Education was abolished. (See appendix A-13.) This reorganization sprang from the change in administrative functions when the Cadet Nurse Corps was closed. The Division of Nursing, with Miss Petry as chief, had general supervision

over all nursing operations of the Public Health Service, and professional supervision over all nursing personnel of the Service. Further, the Division administered final activities under the Nurse Training Act of 1943, such as the auditing of accounts and maintenance of school standards. On June 6, 1949, the Division of Nursing Resources was organized in the Bureau of Medical Services to replace the Division of Nursing. (See appendix A-14.) On June 8, 1949, Miss Petry was appointed chief nurse officer, the first woman Assistant Surgeon General of the Public Health Service—a brigadier general in rank. At that time, she was cited by Representative Bolton of Ohio as "*a nurse with a matchless career of experience, who piloted the Cadet Nurse Corps with rare understanding and ability, with rare judgment and skill.*"

In administering the nurse-training program, the Division of Nurse Education began with a small staff. The Division at first had a staff of eleven, including nurse educators and recruiting, administrative, and clerical personnel. In June 1944, the Division was increased to handle the complicated task of administering the nurse-training programs. By December 1945, the staff had grown to 65 in the central office and 61 in the field.

The nurse-training programs were administered largely by nursing educators recruited from top positions in the country's schools of nursing. The first educators to join Miss Petry in the Corps were veterans of the pre-Corps Federal program for nurse training. Among them were Mary J. Dunn, who at first administered the post-graduate programs, and Eugenia K. Spalding, formerly of the Catholic University School of Nursing. Mrs. Spalding was appointed Associate Director of the Corps. Minnie E. Pohe, of the Stanford University School of Nursing, was recruited as the first assistant director in charge of the Corps' western area, and Louise Knapp, of Washington University, St. Louis, directed the Eastern Area. Later, Claire Favreau, of New York Board of Education, and Helen Schwarz, of the University of Cincinnati, succeeded them as area directors. Miss Pohe was then made associate director, serving with Mrs. Spalding in that capacity. While Mrs. Spalding was responsible for the administration of post-graduate programs and for approval and review of school standards, Miss Pohe directed administrative operations. She also led the work of concluding the Corps program.

Other section chiefs of the Division of Nurse Education were Jean Henderson, who was assisted by Carol Krum in the Public Relations and Recruiting Section, and David Spanier, chief of the Management Section, who was succeeded by Robert Learmouth in October 1946.

While the nurses in charge of the Division had little or no previous experience in Government, they were promptly plunged into the administration of the nurse-training program. In recommending that the "present

inadequate and overworked staff" be increased in June 1944, the Advisory Committee summed up the varied activities of the Division, and concluded that it was "impressed by the enormous and complicated problems involved in administering the activities of the Cadet Nurse Corps program."

When the Corps ledgers were closed in November 1949, the total administrative cost of the basic training and post-graduate programs amounted to \$2,411,603, or 1½ percent of the total cost of the programs.



13. the nurse in World War II

Never in the history of the profession had the American nurse been in such great demand as in World War II. The story of the Cadet Nurse Corps is only part of the record of her service. Both inside Government and out, professional groups appealed for nurses. The nurse was the concern not only of the United States Public Health Service, but also of the Army Nurse Corps, the Navy Nurse Corps, the American Red Cross, the National Nursing Council, the War Manpower Commission and Federal and civilian hospitals and other health agencies.

There was no one central agency for the supply of nurses. Throughout the war, military and civilian groups competed for the nurse's attention, and the nurse was often confused as to just where her duty lay. The Procurement and Assignment Service of the War Manpower Commission issued statements on essentiality of service but did not procure or assign personnel. Until the war ended, appeals were made in posters, broadcasts, and newspapers by different services needing nurses. The nurse or potential nurse was cajoled and persuaded, wheedled, and coaxed. Finally, late in 1944, the Army announced the need for 10,000 additional nurses and called for a draft. By that time, the confused, voluntary method of procuring and distributing nursing service had so taxed some nursing leaders that they became immediate advocates of the draft. Then came the German surrender and the draft was abandoned.

When the war was over, two facts stood out—First, that the great majority of American nurses served where they were most needed; second, that the persons responsible for training and supplying nurses had carried through a difficult task. Many experienced nurses of the First World War had helped to shoulder the nursing problems of World War II. Among them were Isabel M. Stewart of Teachers College, Columbia University, and the National League of Nursing Education; Alma C. Haupt of the Metro-

politan Life Insurance Co. and the Subcommittee on Nursing; Julia C. Stimson of the American Nurses' Association; Mary Beard and later Virginia Dunbar of the American Red Cross and Col. Florence A. Blanchfield of the Army Nurse Corps, and Capt. Sue Dauser of the Navy Nurse Corps. Among other women devoted to the task were Elmira B. Wickenden of the National Nursing Council, Louise Baker, Procurement and Assignment Service, Division of Nursing, War Manpower Commission, and Lucile Petry, Director of the Cadet Nurse Corps. Mary E. Switzer, Assistant to the Federal Security Administrator, with her broad knowledge of problems in manpower, education, and health services gave outstanding service. Officers of national and State organizations of nurses and related professions and of several foundations made noteworthy contributions.

The first problem faced by administrators was in matching the supply of nurses to both military and civilian needs. Before the attack on Pearl Harbor, the War Department called for 4,019 volunteer nurses by July 1941. The response at first was not enthusiastic. The country was not at war and nurses were as apathetic to military appeals as any other civilian group. But in January 1941, the Red Cross Nursing Service began recruiting nurses for the Army Nurse Corps and launched an intensive publicity campaign with the slogan, "Uncle Sam Needs Nurses." The Army and Navy enlisted their quotas.

When war came, the Army grew overnight and so did the demand for Army nurses. With a force of 8,500,000 being planned, 50,000 graduate nurses were needed by the Army Nurse Corps. The Supply and Distribution Committee of the National Nursing Council joined the American Red Cross in summoning nurses for military duty and worked with the Subcommittee on Nursing of the Health and Medical Committee to distribute nurses for civilian care. The Committee prepared a bulletin, *Distribution of Nursing Service During the War*, which became a guide list of nursing positions in the order of their importance or essentiality.

In the long struggle for nurses the Cadet Nurse Corps, as well as other groups, received its share of criticism as well as commendation. The American Hospital Association declared the Corps had prevented the collapse of nursing care in civilian hospitals. Nursing schools, Cadets, nursing educators, and Federal hospitals using Senior Cadets also commended the Corps program. Congressional praise was given by Representative Bolton, of Ohio, who had sponsored the Nurse Training Act in the House of Representatives. Before her colleagues on January 11, 1945, Mrs. Bolton stated: "*Indicative of the vital contribution rendered by student nurses are the following facts—29 percent of the non-Federal general hospitals have schools of nursing which care for 56 percent of all patients in non-Federal hospitals in the United States, and 60 percent of all nursing service in these non-Federal hospitals is given by student nurses.*"

Some observers, however, found weaknesses in the Nurse Training Act. Although the act was widely commended, some observers maintained that the

Federal aid was too generous for the wartime service of student nurses. One target was the admitted difficulty of controlling the services of Senior Cadets and Corps graduates. Another was the Corps pledge, which did not legally obligate Cadets.

The nursing profession worked closely with the Federal Government to help meet the Nation's need for nurses. Many retired nurses returned to duty. Nurses' aides were trained. Long hours and heavy schedules were kept. By August 1943, more than 100,000 registered professional nurses volunteered for military service. Of these, 75,000 were accepted for service. They represented one-third of the total number of active registered nurses in the country, and a much higher proportion of those eligible. About 1,000 nurses were cited for their valor and service.

Civilian hospitals relied largely on student nurses and volunteer nurses' aides. Not only had the country's population and birth rate increased, but prepaid hospital insurance and higher wartime earnings were sending more and more patients to hospitals for care. Private duty nursing, termed "luxury" nursing during the war, was on the upswing, drawing criticism from the essential services.

While the magnificent work of the 181,447 nurses' aides of the American Red Cross under the able leadership of Mrs. Walter Lippman, and the service of Cadets in training averted possible nursing crises in civilian hospitals, a crisis did occur in nurse recruiting for the military, despite the effort of the professions and the Government.

The background of this crisis was described by the Office of the Administrator of the Federal Security Agency to the War Manpower Commission in January 1944, as follows:

"Over a year ago, December 1943, the War Department advised the War Manpower Commission that the Army Nurse Corps requirement would be 40,000 for the calendar year 1944 instead of 50,000, the figure on which all planning up to that time had been based. The Navy requirement has remained unchanged—500 a month. The Army Nurse Corps at that time had a strength of about 37,500, so there was very little leeway for new recruits for 1944. It was a most inopportune time for such a sudden lowering of the Army quota.

"Following the announcements of the changed needs of the Army, the whole emphasis of the campaigns of the nursing programs shifted from emphasis on military needs to civilian problems, for civilian nursing shortages, particularly in rural areas and in hospitals in war areas, were acute. Intensive recruiting for the Army Nurse Corps by the Army stopped. Although recruitment by the American Red Cross and the National Nursing Council continued, it was greatly affected by the changed picture. There was no national registration. The push to classify nurses by the local Procurement and Assignment Service committees lost a good deal of impetus, since the military need is the strongest appeal to volunteer committees.

"Perhaps the most significant of all was the effect on the Cadet Nurse Corps recruiting program. This campaign focused public attention on civilian needs because of the changed Army figures and succeeded in attracting 65,500 new students in schools of nursing, of whom almost 80 percent were Cadets. For the first six months of 1944, 'war nursing' to the public was largely the Cadet Nurse Corps.

"Late in April, the War Department advised the War Manpower Commission that it was necessary to revise the earlier decision and raise the Army Nurse Corps requirements to 50,000. This announcement had the effect of an anticlimax since it came just at the beginning of the period when public opinion had accepted the fact that the war would soon be over. During the Summer and Fall the campaign for recruits was carried on by the American Red Cross and the National Nursing Council, but the results were meager. This was due primarily to the fact that the nurses were not truly convinced of the need. The Army did not tell its story directly and did very little speaking in its own behalf. The recruiting was done by voluntary Red Cross committees, who for the most part, had lost the sense of urgency. The Procurement and Assignment Service committees were occupied with studying community needs and trying to stabilize hospital and nursing school staffs, and trying to attract inactive nurses back into the profession, and to assist the Veterans' Administration to secure available nurses.

"Many procedures were slow and cumbersome. For example, it sometimes took as long as two months for a nurse's credentials to be completed to the satisfaction of the Red Cross. The Army, on its part, did not receive nurses into the Army Nurse Corps when the nurse was ready. Many Service Commands took them in only once a month. Senior Cadets assigned to the Federal hospitals came back home with stories of insufficient work. Even Army and Navy nurses on duty in hospitals here in the United States reported they were not busy. All these conditions contributed to the slowing down of recruitment. Servicemen overseas and even nurses wrote back telling their nurse friends not to come in.

"The urgency of the Army's need became evident first in September and October 1944. Information brought out at meetings of the Directing Board of the Procurement and Assignment Service with the representatives of the Surgeon General of the Army emphasized that the existing methods would not secure nurses fast enough to meet the Army needs. . . . Unlike the arrangement for physicians, dentists, veterinarians, and sanitary engineers, the Service had been given no responsibility for the recruitment of nurses. This was solely a function of the American Red Cross.

"The psychology of the nursing profession during these months followed our national psychology. However, everyone close to the problem was aware of the urgency and was taking steps to do everything possible to speed up the campaign. The Public Health Service changed the emphasis of its Cadet Nurse Corps recruiting and took responsibility for stressing the mili-

tary needs to the directors of schools of nursing and to hospital administrators and to Cadets themselves.

"The Procurement and Assignment Service put on additional personnel to assist local committees in the job of classification, and it simplified and streamlined its procedures. The War Department agreed to use experienced Army nurses, most of them back from overseas, to approach professional groups and tell the Army story. . . . The Office of War Information helped dramatize the issue and the practice of taking nurses into the Army only on certain dates was changed. . . . It takes several months for a recruitment campaign to get under way and show results. These results were just beginning to be felt when the President's message recommending a draft for nurses came. Since then there has been a 'rush to the colors.'"

When Army Surgeon General Kirk called for a draft of nurses late in 1944, more than 4,000 signed up immediately with the Army Nurse Corps. There were then 223,045 active registered nurses in the Nation, with 32,500 scheduled to graduate in 1945. Of the 220,000 classified by the Procurement and Assignment Service, 50,000 were declared available for military service. Meanwhile, war casualties were still mounting when the Army declared itself short of nurse recruits. On December 18, 1944, the Cadet Nurse Corps was called on for help by Surgeon General Parran. "*We are confident that you realize the seriousness of the situation in the military nursing services, particularly in the Army,*" Dr. Parran stated. "*It is here that you, as graduate nurses, will have your opportunity to serve where you are most needed. If you as individuals and the Public Health Service can help meet the present emergency, we shall have fulfilled our greatest service to the Nation.*" In 1945, 60 percent of the graduating Cadets applied for military service.

When faced with the possible draft of nurses, many nursing agencies tried to streamline their operations for the quick distribution of nurses. Dr. Louis Dublin of the Metropolitan Life Insurance Co., who was Assistant Chairman of the American Red Cross, volunteered the service of his experts in simplifying procedures of the Red Cross, the Army Nurse Corps, and the assignment of Senior Cadets. He also recommended and helped form a central Committee for Meeting the Military Needs. The committee brought together representatives of the American Red Cross, Army and Navy Nurse Corps, Cadet Nurse Corps, Veterans' Administration, Civil Service Commission, Procurement and Assignment Service of the War Manpower Commission, and the National Nursing Council, in a final effort to keep America's nursing agencies officially informed of each other's activities.

The bill to draft nurses, H. R. 2277, was passed by the House on March 7, 1945. It provided that graduate registered nurses and new graduates of State accredited schools between the ages of 20 and 45 would be subject to induction into the Armed Forces of the United States. The bill did not apply to women with dependent children or to women married before March 15, 1945. It exempted certain religious groups and provided against discrim-

ination for race, color, or creed. It safeguarded the commissioned status of nurses in military service and provided that, when possible, nurses would be assigned in accordance with their preferences. Brought to the floor of the Senate on April 9, 1945, the draft bill was "passed over." A month later the Germans surrendered.

Senator Thomas, chairman of the Senate Committee on Military Affairs, received a letter dated May 24 from Acting Secretary of War Robert P. Patterson, stating: "The rapidly changing circumstances of the last 6 weeks have made it appropriate to reconsider the necessity for further action on the pending act for a draft of nurses." He suggested that "no further action be taken looking to the passage of this act."

Despite all the complications, voluntary mobilization of nurse power served the Nation in a time of crisis. Military needs were met and nursing services were provided for civilian patients in numbers which exceeded all previous records. Public Law 74 provided for rapid preparation of graduate nurses to replace the teachers and specialists drawn from the civilian supply by the military. It brought young women into the schools of nursing of the Nation in unprecedented numbers. As students, these young women filled the depleted ranks of civilian nurses and gave a high proportion of the total care afforded in hospitals throughout the country. As graduates, they continued to serve during the latter years of the war and to meet the ever increasing needs of the post-war period. On both the home and war fronts nursing came through the war with honor.



14. the end and a beginning

Hundreds of radio stations over the Nation were broadcasting appeals to young women to join the Cadet Nurse Corps when suddenly, on August 14, 1945, all broadcasts were interrupted to announce that Japan had surrendered. The tightly wound spring of war mobilization was released.

Recruitment to the Cadet Nurse Corps was terminated at once, but the vast nurse-training program could not close with the news of peace. Still in training under Federal subsidy were 116,498 Cadets. Student nurses were then supplying 80 percent of the nursing care in more than 1,000 civilian hospitals.

Termination of the Nurse Training Act of 1943 was provided in section 10 of Public Law 74, Seventy-eighth Congress. This stated: "This act shall cease to be in effect upon the date of the termination of hostilities in the present war as determined by the President or upon such earlier date as the Congress by concurrent resolution or the President may designate, except for purposes of (a) making computations, payments, and adjustments in payments with respect to recruitment, training, and courses prior to such date, and (b) making computations, payments, and adjustments in payments so as to permit continuance, after such date, of training and courses by graduate or student nurses who were receiving training or courses 90 days prior to such date."

The cessation of hostilities was proclaimed by the President on December 31, 1946. However, the President on September 6, 1945, directed the Surgeon General to discontinue admission of Cadet Nurses to schools after October 15, 1945. (See appendix A-15.) Congress in the First Supplemental Appropriation Rescission Act, 1946 (60 Stat. 9), reduced the appropriation for training activities by \$15,557,000 and the amount available for administration from \$788,255 to \$611,322. The Federal Security Agency Appropriation Act, 1947, appropriated for the continued training of nurses enrolled prior to October 16, 1945, the sum of \$16,300,000 of which \$436,777 was available for administrative expenses.

The report of the House Committee on Appropriations for the fiscal year 1948 was as follows:

“Training for nurses.—The budget estimate for this very splendid program amounted to \$4,834,000, but the committee had imposed a reduction of \$334,000, of which \$32,000 is against administrative expenses, and believes that the \$4,500,000 allowed will prove adequate for all obligations arising during 1948. The committee was advised that the program will be completed during 1948, except for some audits of institutional accounts after that year. The full benefits of the program in terms of increased graduate-nurse power will not be realized until 1949.”

The Federal Security Agency Appropriation Act, 1948, appropriated \$4,500,000 for the same purpose, of which \$348,792 was available for administrative expenses, and the Federal Security Agency Appropriation Act, 1949, appropriated \$350,000, to remain available until December 31, 1949, for “completion of the liquidation of the program.”

To bring the Cadet Corps program to an orderly close, appropriations were needed to cover students already enrolled or in training. A week after the war ended, however, the Deficiency Subcommittee of the House Committee on Appropriations proposed a cut in funds which would permit only those students admitted to the Corps before August 21 the full benefits of the Nurse Training Act. Surgeon General Parran appealed this proposal, noting that nursing schools and Cadets had been assured continued support until October 15. *“We cannot break a legal obligation which the Government has to the schools and to the students,”* he stated. In letters to nursing schools, nurse Cadets and their parents protested the proposed cut. Senator Elbert D. Thomas of Utah, the Surgeon General, and the Director of the Cadet Nurse Corps personally recommended to the President that no large-scale cut in the appropriation be made.

The proposal of the House Committee on Appropriations was rescinded on September 18, as a result of a recommendation by the President. All Cadets admitted up to October 15, 1945, continued to receive benefits. The formal termination of the program came when the last Cadets were graduated in June 1948.

Contracts with the American Hospital Association and the National Nursing Council were terminated on VJ-day with 30 days' notice. Cadets admitted after July 1, 1945, were not provided with outdoor uniforms. Only sleeve and lapel insignia remained to identify the student nurses, and the gray suit of the Cadet Nurse Corps became a memento of wartime service.

Administration of the program dwindled to the final auditing of school accounts in December 1949. The accounts of each participating school were audited to verify the accuracy of payments.

From its inception to its termination the Cadet Nurse Corps had enrolled 169,443 student nurses in 1,125 of the Nation's 1,300 nursing schools. Of these, 124,065 saw their training through to graduation.

The Corps reached its maximum strength, 117,679 on September 15, 1945. On that date the total enrollment in all schools of nursing was approximately 139,000 students—84.5% of whom were Cadet Nurses.

Admissions to the Corps by Federal fiscal years were:

1944	50,827
1945	54,396
1946	28,220

In addition, 36,000 students already in school joined the Corps, most of them at the inception of the program. (Appendix B, Table C.)

During the period July 1, 1943 through October 15, 1945, the total admissions to all the schools of nursing were 160,583 of whom 83% were Cadet Nurses.

The training program provided Federal aid for 290,000 student years of training. In return, a high proportion of these 290,000 years were devoted to service for the patients of the Nation.

As a result of the Corps program, changes and improvements in nursing education appeared likely. The Senior Cadet service showed that student nurses may accept greater responsibility earlier than was previously thought possible. Retaining this period of internship for student nurses was given serious consideration by nursing educators in peacetime planning. Through increased affiliations, nursing service was distributed to some hospitals without nursing schools. Furthermore, the educational program in some schools was improved by providing additional experience in a variety of nursing fields.

There were other implications for nursing educators. Schools of nursing, it was shown, could shorten nurse-training programs by eliminating repetition and nonessentials in the basic curricula. Many schools discovered that they could purchase instruction in the sciences from neighboring junior colleges and universities. During the years of the Corps, the number of schools using college courses for preclinical training increased by 25 percent. Some schools improved their housing and teaching facilities, others expanded their libraries and student health programs, and many revised their accounting systems and enrollment records to meet the exacting standards for Federal funds.

On the other hand, a number of the features of the wartime program were justified only by emergency. One was the mass recruitment of student nurses and the consequent overcrowding of nursing schools. Another was the large percentage of miscellaneous student service given in hospitals. "*The vast amount of nonnursing service performed by students should be lessened considerably, if not entirely eliminated,*" Miss Petry stated in the American Journal of Nursing, December 12, 1945. "*Weaknesses in School administration brought to light by the demands of war must be studied and the quality of individual staffs improved.*"

Created by an emergency, the Cadet Nurse Corps had assembled a wealth of data of lasting interest to nursing educators. Nurse consultants of

the Division of Nurse Education had visited most of America's nursing schools and their reports were assembled in an analysis called "The 1125 School Study." This extensive study, while not published in full, became a prime reference for nursing educators. Its essentials were circulated in Public Health Reports, volume 63, No. 52, on Nursing Education, and the study also served as one source for a comprehensive volume by Dr. Esther Lucile Brown, "Nursing for the Future," sponsored by the National Nursing Council, under a grant by the Carnegie Corporation. Among its many findings, the study showed a bewildering variety in the size, quality, programs, and educational standards of the Nation's nursing schools. This evidence gave added impetus to the movement toward the accrediting of schools of nursing by a national professional body.

At the conclusion of the Cadet Nurse Corps, the advisory committee saluted the administration of the program. "*The Corps has met effectively one of the most vital military and civilian needs of the war,*" the committee said in its final report. "*We are convinced that this essential service could not have been accomplished without this or a similar program on the Federal level. Urgently needed nursing services have been provided and the training of nurses has been stimulated and improved. In the long view, this last aspect may prove as valuable to the Nation's health as the Corps itself was to the war effort.*

"*Nurse training,*" the report went on, "*was and still is on a service apprenticeship basis in many institutions—the hospital receives as much or more in service from the nurse as it expends on her training. Under such circumstances, education is likely to be inefficient, time-consuming, and at a low professional level. There are over 1,300 separate and largely independent institutions, most of them hospitals, now conducting schools of nursing. These schools vary markedly in the quality of training. In this general setting, the Division of Nurse Education has conducted the wartime training program.*"

Following the war, the use of hospital facilities continued to increase. With the growth of prepaid medical and hospital insurance plans, with the expansion of public health programs and in new medical fields such as psychiatry, the demand for nursing care was heavier than ever before in peacetime. Nursing services were not stabilized as rapidly as had been hoped, although thousands of graduate nurses were added to the staffs of civilian hospitals. Volunteer nurses' aides had virtually disappeared from most hospitals when Congress passed the Federal Hospital Survey and Construction Act of 1946 to enlarge the Nation's facilities. Known as the Hill-Burton Act, this legislation granted Federal aid to the survey and construction of hospitals and was an important factor in the increased demand for nurses. While the proposed hospital expansion called for more nurses, schools of nursing in 1947 enrolled the smallest classes they had admitted in 10 years. (See appendix B, table I).

The nursing profession, of course, had grown steadily during the past 40 years. The ratio of graduate and student nurses to the total population had risen from 1 nurse to 6,389 people in 1910 to 1 nurse for 357 in 1940, according to the American Nurses' Association. By the spring of 1949, the profession calculated its strength at 506,050 registered nurses. Of these, 300,500 were active; a high proportion of those inactive were married. But even with a record number of nurses trained during the war, the unparalleled postwar demand quickly absorbed them.

Soon after the war, it became evident that America was more health conscious than ever before and would continue to demand more nursing care. After the close of the Cadet Nurse Corps program, attempts to recruit women to the profession were made in several ways. One suggestion by nursing educators and hospital administrators who had helped guide the Federal nurse-training program was for limited Federal aid to nursing schools and needy students. Senator Thomas of Utah and Representative Bolton of Ohio went on record in favor of such action. Legislation for Federal aid to education for the health professions was under consideration of congressional committees in 1949.

Nursing groups which had cooperated with the Cadet Nurse Corps also favored Government aid to nursing education, among them the National League of Nursing Education, the American Nurses' Association, and the American Hospital Association. The Advisory Committee for the Cadet Nurse Corps strongly recommended continuation of some Federal aid to nursing education in a lengthy report issued at the close of the program. It recommended help to qualified nursing schools in areas where deficiencies existed, and scholarships to needy students for basic training. The Committee suggested Federal financing of post-graduate courses where advanced training was most needed and aid for research in nursing services and education. Senator Thomas stated in August 1944: "*Federal assistance to nurse education must not be allowed to die with the coming of peace. . . . After the war we are going to need more and better nurses than ever before in the history of this country. Recruiting and educating these young women can never again be the duty of the schools of nursing alone. It is a duty which must be shared by the Government, the voluntary organizations, and the schools, if we are to have an adequate supply of properly educated nurses to meet the evolving health needs of our land.*"

While some nursing administrators and health authorities opposed Federal support in peacetime, almost all agreed that the profession needed many improvements and a greater measure of unification. In 1945, the National Planning Committee of the National Nursing Council, representing its constituent members, published "A Comprehensive Program for Nation-Wide Action in the Field of Nursing." This report considered the increased responsibilities of the professional nurse, the effective use of trained practical nurses, the expansion of hospital facilities, proposals for better maternal and child care, the improvement of veterans' hospital facilities, nursing care in homes.

The profession was agreed that whether Federal aid to nursing education was forthcoming or not, the largest share of responsibility remained in the hands of the profession and in the communities where nurses served. A central group emerged in 1948 as the Joint Board of the Six National Nursing Organizations. The National Committee for Improvement of Nursing Services and the National Committee on Careers in Nursing carry on programs which exemplify the unified efforts of the nursing profession. Many nurses today believe that such coordination is an essential step toward improving nursing education and nursing services and that unified organization will provide a channel for cooperation with related professions.

Another beginning toward solution to problems of nursing education and nursing service was made when the first interim classification of nursing schools was published in 1949.¹ This list resulted from a survey of the Nation's nursing schools undertaken by the Subcommittee on School Data Analysis of the National Committee for Improvement of Nursing Services. Also, four separate accrediting agencies combined to form the National Nursing Accrediting Service which published its first list of approximately 300 institutions in October 1949.

Any discussion of the future role of the Federal Government in promoting national health, or in promoting nursing as the spearhead of any health endeavor is beyond the scope of this history. The Nation needed trained technicians in many fields. The Cadet Nurse Corps was one device through which the wartime needs for nurses were met. All who participated in this endeavor, whether through actual service in the ranks, or in education, or administration or legislation—took pride in the accomplishments of the training program. However, the Nurse Training Act of 1943 was not designed to meet the continuing needs of the Nation for nursing service. It was designed to cope with a wartime emergency, and to do this with dispatch.

Yet, this emergency undertaking—pioneering as it did in new relationships between the Government and private institutions—has left its imprint. This report will have served its purpose if it contributes in some measure to an understanding of this experience. With the establishment of the Division of Nursing Resources, the Division of Public Health Nursing and the appointment of a Chief Nurse Officer, the Public Health Service of the Federal Security Agency placed itself squarely among those dedicated to the growth and improvement of the nursing profession.

¹ The Interim Classification of Schools of Nursing, published in the American Journal of Nursing, November 1949.

appendix a

A-1. Composition of National Nursing Council, Incorporated

(The group was organized as Nursing Council on National Defense, July 1940; reorganized as National Nursing Council for War Service, Inc., July 1942; name changed to National Nursing Council, Incorporated, November 1945).

Members included representatives from the following:

American Nurses' Association.
National League of Nursing Education.
National Organization for Public Health Nursing.
National Association of Colored Graduate Nurses.
Association of Collegiate Schools of Nursing.
American Red Cross Nursing Service.
Division of Nursing Education of United States Public Health Service.
Federal Nursing Council.
American Hospital Association.
American Medical Association.
International Council of Nurses.
American Association of Industrial Nurses.
National Association of Practical Nurse Education.
Members at large.
Office of Civilian Defense.
Procurement and Assignment Service of War Manpower Commission.
Subcommittee on Nursing of Health and Medical Committee, Office of Defense Health and Welfare

Ex officio members were representatives of the following:

Federal Nursing Services—

United States Army Nurse Corps.
United States Navy Nurse Corps.
United States Public Health Service.
United States Veterans' Administration.
United States Office of Indian Affairs.
United States Children's Bureau.

American Journal of Nursing.

Public Health Nursing (journal).

Nursing Information Bureau.

Chairmen:

Julia C. Stimson (served July 1940–January 1943).

Stella Goostray (served January 1943–March 1946).

Sophie C. Nelson (served March 1946–October 1948).

Executive Secretaries:

Elmira B. Wickenden (served October 1941–January 1947).

Marjorie B. Davis (served January 1947–October 1948).

A-2. Dr. Irving Abel of Louisville, Ky., chairman of the Health and Medical Committee, Office of Defense Health and Welfare. Dr. James A. Crabtree of Public Health Service, executive secretary.

A-3. Subcommittee on Nursing of the Health and Medical Committee, Office of Defense Health and Welfare—first chairman, Mary Beard of the American Red Cross, with Julia C. Stimson as secretary, and Nellie X Hawkinson, Marion Gowan, as members. Miss Beard was succeeded by Marion G. Howell as chairman, who was then succeeded by Marion W. Sheahan.

A-4. Marion Randall, assistant director of the Visiting Nurse Service of New York, was appointed Nurse Consultant of the Nursing Section, Medical Division, Office of Civilian Defense.

A-5. Nursing educators who acted as advisors to the first Federal nurse aid were: Isabel M. Stewart of Columbia University, Anna D. Wolf of Johns Hopkins Hospital School of Nursing, and Elizabeth S. Soule, University of Washington School of Nursing.

A-6. Katherine C. Tucker, chairman of the Supply and Distribution Committee of the National Nursing Council for War Service.

A-7. Louise Baker, who had been assistant to Alma C. Haupt on the Subcommittee on Nursing, was appointed Chief of the Nursing Division of Procurement and Assignment Service. Katherine C. Tucker, of the National Nursing Council, was made Chairman of the Nursing Advisory Committee. Along with Laura May Grant, Miss Tucker was also made a member of the Board of the Procurement and Assignment Service. The Board was then under the direction of Dr. Maxwell Lapham.

A-8. Committee to Study Proposals for a Student Nurse Corps, January 1943: Anna D. Wolf of Johns Hopkins Hospital School of Nursing; Isabel N. Stewart of Columbia University and the National League of Nursing Education; Mary Beard of the American Red Cross; and Katherine Faville of the Henry Street Visiting Nurse Service of New York and the National Nursing Council. Dr. Winford Smith of Johns Hopkins Hospital, and the late Dr. Claude W. Munger of St. Luke's Hospital in New York represented the American Hospital Association on the committee. Ex officio members were Elmira Wickenden of the National Nursing Council, Pearl McIver of the Public Health Service and Alma C. Haupt of the Subcommittee on Nursing.

Laws authorizing Nurse Training Program [Public Law 74—78th Congress] [Chapter 126—1st Sess.] [H. R. 2664.]

A-9. [Public Law 74—78th Congress] [Chapter 126—1st Sess.] [H. R. 2664].

An act to provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, through grants to institutions providing such training, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That for the purpose of assuring a supply of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, there are hereby authorized to be appropriated sums sufficient to carry out the purposes of this Act: *Provided*, That there shall be no discrimination in the administration of the benefits and appropriations made under the respective provisions of this Act, on account of race, creed, or color. Such sums shall be used for making payments to schools of nursing or other institutions which have submitted, and had approved by the Surgeon General of the Public Health Service (hereinafter referred to as the Surgeon General), plans for nurses' training, for making payments under section 4, and for all necessary expenses of the Public Health Service in administering the provisions of this Act.

Sec. 2. A plan for training of nurses may be limited to student-nurse training, or to postgraduate or refresher-nursing courses, or may include both. A plan submitted by any institution may be approved only if it provides—

(a) That no student or graduate nurse will be included under the plan unless in the judgment of the head of the institution such nurse will be available for military or other Federal governmental or essential civilian services for the duration of the present war, and such nurse so states in her application for inclusion under the plan;

(b) That nurses under the plan will be provided courses of study and training meeting standards prescribed by the Surgeon General;

(c) That the institution will furnish student nurses under the plan (without charge for tuition, fees, or other expenses) courses of study and training, uniforms, insignia, and maintenance in accordance with regulations of the Surgeon General;

(d) That the institution will pay student nurses under the plan a stipend at not less than the following monthly rates: \$15 for the first nine months of study; \$20 for the following fifteen to twenty-one months of combined study and practice, depending upon the curriculum of such institution;

(e) That the institution will either afford student nurses under the plan an opportunity to complete their course of training until graduation at such institution and will pay such

student nurse a stipend at a monthly rate not less than \$30 for the period following the period of combined study and practice and prior to graduation, or will transfer such student, after completion of the period of combined study and practice and prior to graduation, for training in some other institution, but only if such training may be credited toward graduation, and the institution to which the nurse is transferred agrees to pay her a stipend at a monthly rate of not less than \$30 until graduation; and

(f) That where extramural credit toward graduation can be given under the law of the State in which the institution is located, such institution will make transfers to Federal hospitals, under the conditions specified in subsection (e), in any case where a student nurse desires such transfer and appropriate request for such transfer is made on behalf of such hospital.

SEC. 3. From the sums appropriated therefor the Secretary of the Treasury shall pay each institution, with a plan approved under section 2—

(1) with respect to items furnished student nurses thereunder, amounts determined by the Surgeon General to compensate such institution for—

(A) reasonable tuition and fees for the courses of study and training;

(B) reasonable maintenance provided pursuant to section 2 for the first nine months of their course of study and training, to the extent that such maintenance is not compensated for by the value of their services during such period;

(C) uniforms and insignia, provided in accordance with section 2; and

(D) the minimum rate of stipend specified in section 2 for periods prior to completion of the course of combined study and training referred to in such section; and

(2) with respect to items furnished graduate nurses thereunder, amounts determined by the Surgeon General to compensate such institution for reasonable tuition and fees for postgraduate and refresher courses of study, and reasonable maintenance for graduate nurses undertaking postgraduate courses, or such portion of such amounts as may be determined in accordance with regulations of the Surgeon General.

SEC. 4. The Surgeon General is authorized, with the approval of the Federal Security Administrator, to enter into agreements with nonprofit organizations for the recruitment of student and graduate nurses for training and courses under plans approved pursuant to this Act, and to compensate such organizations therefor, but in no case shall such compensation exceed the necessary cost, as determined by him, of rendering such service.

SEC. 5. Determinations under section 3 or 4 of amounts which any institution or organization shall receive shall be conclusive upon such institution or organization and upon any officer or agency of the Government.

SEC. 6. The method of computing and paying the amounts referred to in sections 3 and 4 shall be as follows:

(a) The Surgeon General shall from time to time, on a prepayment or reimbursement basis, estimate or make determination of the amount for each institution or organization, which amount shall be reduced or increased, as the case may be, by any sum by which he finds that unadjusted payments with respect to any prior period were greater or less than the amount which should have been paid to such institution or organization pursuant to section 3 or 4 for such prior period, and shall certify the amount so estimated or determined and so reduced or increased to the Secretary of the Treasury.

(b) The Secretary of the Treasury shall thereupon through the Division of Disbursement of the Treasury Department and prior to audit or settlement by the General Accounting Office pay the institution or organization at the time or times fixed by the Surgeon General the amount so certified.

SEC. 7. In lieu of payment therefor under section 3 the Surgeon General is authorized to procure and provide insignia for student nurses under a plan approved under section 2.

SEC. 8. There shall be no discrimination against any institution on account of the size thereof or the number of nurses employed or student nurses training therein.

SEC. 9. The Surgeon General with the approval of the Federal Security Administrator is hereby authorized to promulgate such rules and regulations as may be necessary to carry out the purposes of this Act. Such rules and regulations shall be promulgated after conference with an advisory committee of not less than five members consisting of representatives of the nursing profession, hospitals, and accredited nurses training institutions. The members of the committee shall be appointed by the Federal Security Administrator. The members of the committee shall not receive any compensation for their services on the committee, but shall be reimbursed for all necessary travel and subsistence expenses (or receive a per diem in lieu thereof not to exceed \$10 to be fixed by the Federal Security Administrator) while away from their respective places of residence on the business of the committee.

SEC. 10. This Act shall cease to be in effect upon the date of the termination of hostilities in the present war as determined by the President or upon such earlier date as the Congress by concurrent resolution or the President may designate, except for purposes of (a) making computations, payments, and adjustments in payments with respect to

recruitment, training, and courses prior to such date, and (b) making computations, payments, and adjustments in payments so as to permit continuance, after such date, of training and courses by graduate or student nurses who were receiving training or courses ninety days prior to such date.

Approved June 15, 1943.

[Public Law 248—78th Cong.] [Chapter 83—2d Sess.] [S. 1633].

An act to amend the Act entitled "An Act to provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, through grants to institutions providing such training, and for other purposes", approved June 15, 1943, so as to provide for the full participation of institutions of the United States in the program for the training of nurses, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Act entitled "An Act to provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, through grants to institutions providing such training, and for other purposes", approved June 15, 1943 (Public Law 74, Seventy-eighth Congress), is amended by striking out, in section 7 thereof, the words "is authorized to procure and provide insignia" and inserting in lieu thereof the words "is authorized, without regard to section 3709 of the Revised Statutes, to procure and provide uniforms and insignia"; and by adding at the end of such Act the following new sections:

"SEC. 11. (a) The head of any department, establishment, or other Federal agency is hereby authorized to request and accept transfers of student nurses, transferable pursuant to subsections (e) and (f) of section 2, to any Federal hospital operated by his agency in the continental United States, exclusive of Alaska, and to provide for the continued training of such student nurses requisite to graduation: *Provided*, That the period of training in no case shall extend beyond the period required for graduation by the institution from which the student nurse was transferred, but may be terminated at any time prior thereto as the interests of the service may require.

"(b) During the period of such training student nurses shall be entitled to a stipend at such uniform monthly rate as may be prescribed by the President, and shall be entitled to (1) travel expenses as authorized by the Subsistence Expense Act of 1926, as amended, including travel incident to their initial transfer and in returning to the location from which transferred upon completion or termination of the period of training; (2) quarters, subsistence, and laundry (including laundering of uniforms) while at Federal hospitals; and (3) necessary medical and hospital care in Federal hospital facilities: *Provided*, That no student nurse receiving a stipend, fixed pursuant to this section, shall be entitled to any overtime or additional compensation under the War Overtime Pay Act of 1943. The appropriate appropriations of the agencies concerned are hereby made available for the purposes of this section.

"(c) Should any student nurse so transferred and in training suffer disability or death while in the performance of duty, she or her dependents shall be entitled, under the same conditions and to the same extent, to the benefits which are provided for civil employees of the United States by the Act of September 7, 1916, as amended (39 Stat. 742; 5 U. S. C. 751-793).

"SEC. 12. The Surgeon General shall designate distinctive insignia to be worn by nurses who have been graduated pursuant to training received under this Act and who in accordance with their undertaking are engaged in essential civilian nursing services for the duration of the present war. Such insignia and the uniforms and insignia designated by the Surgeon General in accordance with section 2 to be worn by student nurses receiving training and courses under plans approved pursuant to this Act, or any distinctive part of such insignia or uniform, or any insignia or uniform any part of which is similar to a distinctive part thereof, shall not be worn by any unauthorized person, under the penalties provided by the Act of June 3, 1916 (39 Stat. 216, as amended; 10 U. S. C. 1393), for the unlawful wearing of the uniform of the United States Army, Navy, or Marine Corps.

Approved March 4, 1944.

A-10. The Division of Nurse Education, 1943-46.

Director and Immediate Assistants

LUCILE PETRY, Director, Public Health Service.

EUGENIA K. SPALDING, Associate Director, Public Health Service.

MINNIE E. POHE, Associate Director, Stanford University School of Nursing, San Francisco, Calif.

CLAIRE FAVREAU, Area Director, State Board of Nurse Examiners, New York.

LOUISE KNAPP, Area Director, Washington University School of Nursing, St. Louis, Mo.

SALLY MERNIN, Area Director, University of Chicago, Chicago, Ill.
HELEN SCHWARZ, Area Director, University of Cincinnati, Cincinnati, Ohio.
MARY J. DUNN, Public Health Nursing Consultant, Public Health Service.

Nurse Education Consultants

EDYTH BARNES, Grace Hospital School of Nursing, New Haven, Conn.
ELSIE BERDAN, Providence Hospital School of Nursing, Washington, D. C.
THELMA DODDS, Charles T. Miller Hospital, St. Paul, Minn.
MARIE FARRELL, Columbia University School of Nursing, New York, N. Y.
LILLIAN GARDINER, Public Health Service.
ESTHER GARRISON, University of Minnesota School of Nursing, Minneapolis, Minn.
MABEL HAY, Johns Hopkins Hospital School of Nursing, Baltimore, Md.
MARGUERITE HEIMES (inactive).
MARY JENNEY, Boston University, Boston, Mass.
RUTH JOHNSON, College of Nursing and Health, University of Cincinnati, Cincinnati, Ohio.
CONSTANCE LONG, New York University, New York, N. Y.
MARGARET LOWRY, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio.
ESTELLA MANN, St. Vincent's Hospital School of Nursing, Los Angeles, Calif.
HELEN MARCHANT, State Board Nurse Examiners, Connecticut.
LYNDON McCARROLL, Harper Hospital, Detroit, Mich.
AGNES OHLSON, State Board of Nurse Examiners, Connecticut.
JUNE SMITH, Yale University School of Nursing, New Haven, Conn.
WILMA STEVENS, St. Luke's Hospital School of Nursing, Chicago, Ill.
CATHERINE SULLIVAN, University of Washington School of Nursing, Seattle, Wash.
JANE TAYLOR, Yale University School of Nursing, New Haven, Conn.
BARBARA THOMPSON, State Board of Nurse Examiners, Missouri.
BETTY UPDEGRAFF, Yale University School of Nursing, New Haven, Conn.
AMY VIGLIONE, Vanderbilt University School of Nursing, Nashville, Tenn.
ELLWYNNE VREELAND, Russell Sage College School of Nursing, Troy, N. Y.
LOUISE WAAGEN, University of Minnesota School of Nursing, Minneapolis, Minn.

Part-Time Nurse Education Consultants

SISTER BERENICE BECK, Marquette University, Milwaukee, Wis.
RITA MILLER, Dillard University, New Orleans, La.
MILDRED MONTAG, Teachers College, Columbia University, New York, N. Y.
SISTER MARY RUTH OWEN, Wheeling Hospital School of Nursing, Wheeling, W. Va.
RUTH SLEEPER, Massachusetts General Hospital School of Nursing, Boston, Mass.
JOSEPHINE VALENTINE, West Virginia State Board of Nurse Examiners.

RECRUITMENT SECTION

Central Office :

Jean Henderson, Chief.
Carol Krum, Assistant Chief.
Margaret Claire Lafferty.
Marlon Robinson.
Helen Turner.

District Offices :

Sara W. Kelly, New York.
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A-11. Regulations of the Surgeon General, United States Public Health Service, Governing Payments To Provide Training for Nurses.

[Reprint, Federal Register, Friday, July 9, 1943]

TITLE 42—PUBLIC HEALTH

Chapter I—Public Health Service, Federal Security Agency

PART 28—PAYMENTS TO PROVIDE TRAINING FOR NURSES

Pursuant to the authority contained in Public Law 74, 78th Congress, approved June 15, 1943, providing for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies and war industries, through grants to institutions providing such training, and for other purposes, and after conference with the Advisory Committee appointed by the Federal Security Administrator to represent the nursing profession, hospitals, and accredited nurses training institutions, the following regulations are hereby prescribed:

Sec.

- 28.1 Definitions.
- 28.2 Requirements for participation in student nurse training program.
- 28.3 Requirements for participation in refresher program.
- 28.4 Requirements for participation in postgraduate program.
- 28.5 Approval of plans and determination of allotments.
- 28.6 Methods of payment for refresher courses.
- 28.7 Methods of payment for student nurse training programs and postgraduate programs.
- 28.8 Cancellation of allotment.
- 28.9 Accounting for funds.

§ 28.1 Definitions of terms used in the act and in these regulations—(a) **Student nurse training program.**—This term refers to a basic program for student nurses which qualifies graduates for licensure or for certification to practice as registered nurses in the State in which the particular nursing school is located. All students enrolled in such student nurse training programs under the provisions of Public Law 74, Seventy-eighth Congress, shall be members of the United States Cadet Nurse Corps.

(b) **Refresher program.**—This term refers to courses designed to prepare inactive graduate nurses for the active practice of nursing.

(c) **Postgraduate program.**—This term refers to a program designed to prepare graduate nurses in special fields, such as teaching, administration in nursing schools and nursing services, public health nursing, industrial nursing, clinical nursing specialties, anesthesia, and midwifery.

(d) **Institution.**—This term refers to an agency operating nurse education facilities such as a school of nursing, a hospital, a public health agency, university, or a college.

(e) **Precadet nurse.**—This term refers to the student nurse during the first nine months of the training period.

(f) **Junior cadet nurse.**—This term refers to the student nurse who has completed satisfactorily the first nine months of the training period. The student remains in this grade 15-21 months until the required period of combined study and practice is completed.

(g) **Senior cadet nurse.**—This term refers to the student nurse who has completed the required period of combined study and practice but has not fulfilled the remaining time requirement for graduation.

(h) **Training period.**—This term refers to the combined precadet period, junior cadet period, and senior cadet period. With reference to a basic nursing curriculum for which a degree is given, this training period commences with the beginning of the professional portion of the curriculum and may not exceed 36 months in length.

(i) **Tuition.**—This term refers to an established fee, determined by the Surgeon General to be reasonable, which is charged to the student by the school for instructional costs and may include tuition costs of affiliations.

(j) **Fees.**—This term refers to all charges other than tuition made by the school for such items as registration, matriculation, indoor uniforms, health and laboratory fees, textbooks, affiliation fees, and in the case of those schools which have reduced to 24 months the combined precadet and junior cadet periods, this term may refer to an acceleration fee.

§ 28.2 Requirements for participation in student nurse (basic) training program. To be eligible for participation in the student nurse training program, a school of nursing must meet the following requirements:

(a) The school must be accredited by the appropriate accrediting agency for schools of nursing of the State, Territory, District of Columbia, or Puerto Rico.

(b) An institution offering a degree in nursing must be accredited by the appropriate accrediting agency for universities and colleges.

(c) The school must be connected with a hospital which is approved by the American College of Surgeons, or which maintains standards of nursing equivalent to those required by the American College of Surgeons. In a central school of nursing, the major hospital clinical unit must meet these same standards.

(d) The school of nursing must require for admission not less than graduation from an accredited high school.

(e) The school must maintain an educational staff adequate to provide satisfactory instruction and supervision.

(f) The curriculum of the school must include all those units of instruction necessary to conform with accepted present practices in basic nursing education. It must be arranged so that the required program of combined study and practice will be completed in from 24 to 30 months. In the case of students admitted prior to January 1, 1942, this period may extend to 32 months.

(g) The school must provide adequate clinical experience in the four basic services—medicine, surgery, pediatrics, and obstetrics—for the number of students proposed to be enrolled while the plan is in operation.

(h) The school must provide well-balanced weekly schedules of organized instruction, experience, and study.

(i) The school must provide adequate and well-equipped classrooms, laboratories, library and other necessary facilities for carrying out the educational program.

(j) The school must provide satisfactory living facilities and adequate student health service which must continue throughout the entire period of training.

(k) The school must provide maintenance, and a stipend of not less than \$30 per month, for all senior cadet nurses, or where the senior cadet nurse is transferred to some other institution for training, it must require the latter institution to provide such maintenance and stipend, and also to provide supervised experience which will be credited toward graduation. The school will be responsible for making the necessary agreements with Federal or other hospitals or other agencies for this experience. When a student nurse desires transfer to a Federal hospital and the Federal hospital has requested such transfer the school must make such transfer.

(l) In evaluating the adequacy of the facilities of the school to meet the various requirements specified in the foregoing paragraphs, the standards of the National League of Nursing Education will be used as a guide.

(m) The school must certify (1) that all students enrolled in the student nurse (basic) training program will, in the judgment of the director of the school, be available upon graduation for military or other Federal governmental or essential civilian services for the duration of the present war, and must require from each student a statement to that effect, (2) that they are physically fit for the responsibilities of nursing, and (3) that they will not be retained in the school unless they continue to meet the scholastic and other standards of the school.

§ 28.3 Requirements for participation in refresher program. To be eligible for participation in the refresher program an institution must:

(a) Be approved by the American College of Surgeons or maintain standards of nursing equivalent to those required by the American College of Surgeons.

(b) Provide facilities for an educational experience in needed clinical fields.

(c) Provide a qualified nurse instructor to be responsible for the program.

(d) Provide a course of not less than six weeks nor more than three months' duration, consisting of an acceptable program of theory and practice.

(e) Certify that all students enrolled in refresher courses will, in the judgment of the head of the institution, be available upon completion of the course for military or other Federal governmental or essential civilian services for the duration of the present war, and must require from each such student a statement to that effect.

§ 28.4 Requirements for participation in postgraduate program. To be eligible for participation in the postgraduate program, an institution must meet the following requirements:

(a) An institution offering a postgraduate program such as those in supervision teaching, administration in nursing schools and nursing services, public health nursing and clinical nursing specialties, must have well established programs in nursing education for graduate nurses which meet standards equal to those of the Association of Collegiate Schools of Nursing and the National League of Nursing Education or the National Organization for Public Health Nursing relating to matters such as educational staff, curriculum and educational facilities.

(b) Institutions offering programs for graduate nurses in fields related to nursing, such as anesthesia and midwifery, must provide adequate clinical and other facilities in the specialty and a sufficient number of qualified instructors and supervisors.

(c) The institution must certify that all students enrolled in a postgraduate program will in the judgment of the head of the institution be available, upon completion of the program, for military or other Federal governmental or essential civilian services for the duration of the present war, and must require from each such student a statement to that effect.

§ 28.5 Approval of plans and determination of allotments.—An institution desiring to receive an allotment under this act must submit to the Surgeon General, on forms provided by the Public Health Service, a proposed plan for participation in any of the programs defined above, including supporting budgets for the current Federal fiscal year. Students in the school may enroll in the Corps only when the plan goes into effect or on the first day of any succeeding month.

Plans for new programs or revised budgets for existing programs may be submitted for approval at any time during the Federal fiscal year. Consideration and approval of such plans or budgets will be contingent upon availability of funds for allotment.

A plan for training of nurses may be limited to basic student nurse training, or to post-graduate or refresher-nursing programs, or may include any or all of those. A plan submitted by any institution will be approved only if it conforms to the requirements of Public Law 74, Seventy-eighth Congress and to the requirements for participation set forth in §§ 28.2, 28.3 and 28.4, of these regulations. If a plan is approved Federal funds will be allotted by the Surgeon General within the limits of available appropriations.

Allotments will be limited to the following:

(a) *Student nurse (basic) training program.* (1) Reasonable tuition and fees for precadet and junior cadet nurses, and reasonable fees for senior cadet nurses.

(2) Reasonable maintenance for the student's first nine months in the training period: *Provided*, That during such first nine months the hours of student practice in the hospital do not exceed an average of 24 per week and that the hours of combined practice and class do not exceed 48 in any one week.

(3) Stipends of \$15 per month for precadet nurses and \$20 per month for junior cadet nurses, which shall be paid by the school to the student at the end of each month or semimonthly, depending upon the fiscal policies of the school. These allotments will not include stipends to senior cadet nurses. These must be paid by the institution to which an allotment was made or to which the senior cadet nurse was transferred for training.

(4) An amount covering the cost of outdoor uniforms and insignia not to exceed a reasonable amount to be determined by the Surgeon General; such allowances for uniforms and insignia may be expended only if such uniforms and insignia conform to the requirements as outlined in "Regulations for uniforms for U. S. Cadet Nurse Corps" as prescribed by the Surgeon General.

(b) *Refresher program.*—Reasonable instructional costs and fees.

(c) *Postgraduate program.*—Reasonable tuition, fees, and maintenance.

§ 28.6 Methods of payment for refresher courses.—Payments from an allotment for refresher courses will be made on a reimbursement basis at the completion of the course in accordance with a certified statement from the authorized administrative officer of the institution as to the number of inactive graduate nurses who have completed the course as outlined in the approved plan and as to any other matters specified by the Surgeon General.

§ 28.7 Methods of payment for student nurse training programs and for postgraduate programs.—(a) Payments from an allotment will be made on a quarterly prepayment basis for estimated expenditures in accordance with the approved plan. The first payment will be made as near as possible to the beginning of the first Federal fiscal quarter of the operation of the approved plan. On the first day of each subsequent quarter the school must submit a certified statement giving the names of all students admitted under the plan during the preceding quarter and full information concerning the present status of all students for whom prepayments were made, and an accounting of all Federal funds received. Upon receipt this account will be audited, and payment for the next quarter will be adjusted on the basis of the total unobligated balance of funds from preceding quarter or quarters, the number of remaining students for whom prepayments are to be made, and the number of students scheduled to enroll during the ensuing quarter.

The term "unobligated balance of funds" includes but is not limited to such items as (1) the full amount of tuition, fees, maintenance, and stipends budgeted for those students who failed to enter the plan, (2) that portion of tuition and fees customarily refundable for those students who have withdrawn during the quarter, (3) maintenance for each such student from the date when he or she withdrew from the plan to the end of the quarter, (4) stipends not earned by and not paid to those students who have withdrawn during the quarter. In computing earned stipends, and maintenance for periods of less than a full month, daily rates amounting to one-thirtieth the monthly rate should be used.

§ 28.8 Cancellation of allotment.—If the Federal Security Administrator, after reasonable notice and opportunity for hearing, finds that in the submission or administration of any plan there has been a failure to comply substantially with the provisions of Public Law 74, Seventy-eighth Congress or with these regulations, he shall notify the institution involved that further payments will not be made to it until a plan has been submitted in accordance with said act and regulations and that there is no longer any such failure to comply. Until the Federal Security Administrator is satisfied that these conditions have been fulfilled, no further payments to the institution will be certified.

§ 28.9 Accounting for funds.—The fiscal officer authorized by the grantee institution shall keep an account of funds paid under this Act separate and distinct from those of any other funds, local or Federal. To such account shall be credited receipts from the United States Government and refunds against disbursements made hereunder; and to such account shall be charged authorized cash disbursements for stipends and uniforms and/or amounts earned and payable for tuition, fees, and maintenance. Such accounts and all records pertaining thereto shall be available at all times for examination by representatives of the Surgeon General.

Dated: July 5, 1943.

[SEAL]

THOMAS PARKE, Surgeon General.

Approved: July 7, 1943.

PAUL V. McNUTT,

Federal Security Administrator.

[F. R. Doc. 43-10995; Filed, July 8, 1943; 11:38 a. m.]

TITLE 42—PUBLIC HEALTH

Chapter I—United States Public Health Service, Federal Security Agency

PART 28—PAYMENTS TO PROVIDE TRAINING FOR NURSES

Miscellaneous amendments

Pursuant to the authority contained in Public Law 74, 78th Congress, approved June 15, 1943, as amended by Public Law 248, 78th Congress, approved March 4, 1944, providing for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies and war industries, through grants to institutions providing such training, and for other purposes, and after conference with the Advisory Committee appointed by the Federal Security Administrator to represent the nursing profession, hospitals, and accredited nurses training institutions, §§ 28.1 (h), 28.5, and 28.7 (8 F. R. 9423) of the regulations of the Surgeon General, United States Public Health Service, governing payments to provide training for nurses are hereby amended to read as follows:

§ 28.1 Definitions of terms used in the act and in these regulations. * * *

(b) **Training period.**—This term refers to the combined pre-cadet period, junior cadet period, and senior cadet period. With reference to a basic nursing curriculum for which a degree is given, this training period may not exceed thirty-six months in length.

§ 28.5 Approval of plans and determination of allotments.—An institution desiring to receive an allotment under this act must submit to the Surgeon General, on forms provided by the Public Health Service, a proposed plan for participation in any of the programs defined above, including supporting budgets for the current Federal fiscal year. Students in the school may enroll in the Corps only when the plan goes into effect or on the first day of any succeeding month.

Plans for new programs or revised budgets for existing programs may be submitted for approval at any time during the Federal fiscal year. Consideration and approval of such plans or budgets will be contingent upon availability of funds for allotment.

A plan for training of nurses may be limited to basic student nurse training, or to postgraduate or refresher-nursing programs, or may include any or all of these. A plan submitted by any institution will be approved only if it conforms to the requirements of Public Law 74, 78th Congress, and to the requirements for participation set forth in §§ 28.2, 28.3, and 28.4, of these regulations. A plan may be approved by the Surgeon General for a period of three months, six months, or one year. Not less than thirty days before the end of such period the institution must submit a plan for the continuation of the program for approval by the Surgeon General. The Surgeon General may disapprove the plan for continued participation by the institution. In such event no further allotments will be made. If a plan is approved Federal funds will be allotted by the Surgeon General within the limits of available appropriations.

Allotments will be limited to the following:

(a) **Student nurse (basic) training program.**—(1) Reasonable tuition and fees for pre-cadet and junior cadet nurses, and reasonable fees for senior cadet nurses.

(2) Reasonable maintenance for the student's first nine months in the training period: *Provided*, That during such first nine months the hours of student practice in

the hospital do not exceed an average of twenty-four per week and that the hours of combined practice and class do not exceed forty-eight in any one week: *Provided further*, That the Surgeon General may in the case of schools in which combined pre-cadet and junior cadet periods are less than thirty months waive this limitation.

(3) Stipends of \$15 per month for pre-cadet nurses and \$20 per month for junior cadet nurses, which shall be paid by the school to the student at the end of each month or semimonthly, depending upon the fiscal policies of the school. These allotments will not include stipends to senior cadet nurses. These must be paid by the institution to which an allotment was made or to which the senior cadet nurse was transferred for training.

(4) An amount covering the cost of outdoor uniforms and insignia not to exceed a reasonable amount to be determined by the Surgeon General; such allowances for uniforms and insignia may be expended only if such uniforms and insignia conform to the requirements as outlined in "Regulations for uniforms for U. S. Cadet Nurse Corps" as prescribed by the Surgeon General.

(b) *Refresher program*. Reasonable instructional costs and fees.

(c) *Postgraduate program*. Reasonable tuition, fees, and maintenance.

§ 28.7 *Methods of payment for student nurse training programs and for postgraduate programs*.—(a) Payments from an allotment may be made on a six months prepayment basis for the first half of the Federal fiscal year and quarterly thereafter for estimated expenditures for plans approved. The first payment will be made as near as possible to the beginning of the Federal fiscal year. On or before thirty days after the close of each Federal fiscal quarter the school must submit a certified statement giving the names of all students admitted under the plan during the preceding quarter and full information concerning the present status of all students for whom prepayments were made, and an accounting of all Federal funds received. The first quarterly expenditure report shall include expenditures for the first quarter and budget estimates for the third quarter. The expenditure report of the second quarter shall include expenditures for the second quarter and budget estimates for the fourth quarter. This account will be audited upon receipt and payment for the next quarter will be adjusted on the basis of the total unobligated balance of funds from preceding quarter or quarters, the number of remaining students for whom prepayments are to be made, and the number of students scheduled to enroll during the ensuing quarter. Within thirty days after the close of the Federal fiscal year the institution shall furnish a statement of receipts and disbursements for the period covered by its budget within the fiscal year.

The term "unobligated balance of funds" includes but is not limited to such items as (1) the full amount of tuition, fees, maintenance, and stipends budgeted for those students who failed to enter the plan, (2) that portion of tuition and fees customarily refundable for those students who have withdrawn during the quarter, (3) maintenance for each such student from the date when he or she withdrew from the plan to the end of the quarter, (4) stipends not earned by and not paid to those students who have withdrawn during the quarter. In computing earned stipends, and maintenance for periods of less than a full month, daily rates amounting to one-thirtieth the monthly rate should be used.

Dated: August 8, 1944.

[SEAL]

THOMAS PARRAN,
Surgeon General, Public Health Service.

Approved: August 9, 1944.

WATSON B. MILLER,

Acting Federal Security Administrator.

[F. R. Doc. 44-11956; Filed, August 10, 1944. 11:19 a. m.]

A-12. Federal Security Agency, United States Public Health Service, Division of Nurse Education—Uniform Regulations of the United States Cadet Nurse Corps.

TITLE 42—PUBLIC HEALTH

Chapter I—United States Public Health Service, Federal Security Agency

PART 30—UNIFORM AND INSIGNIA OF THE UNITED STATES CADET NURSE CORPS

Pursuant to the authority contained in Public Law 74, 78th Congress, approved June 15, 1943, and Public Law 248, 78th Congress, approved March 4, 1944, authorizing the Surgeon General to prescribe uniforms and distinctive insignia for the United States Cadet Nurse Corps, the following regulations are hereby prescribed:

§ 30.1 *Prescribed uniforms*.—The uniform of the student nurses receiving training pursuant to an approved plan and nurses who have been graduated pursuant to training

received under the provisions of Public Law 74, Seventy-eighth Congress, June 15, 1943, and any amendments thereto, and who are engaged in essential civilian nursing services for the duration of the present war, shall consist of the following items:

(a) *Winter suit*.—Jacket and skirt of all-wool gray flannel with silver buttons. Jacket shall have red shoulder epaulets.

(b) *Summer suits* (2).—Styled exactly as the winter suit, but made of gray and white striped cotton fabric with removable silver buttons. Jacket shall have removable red shoulder epaulets.

(c) *Reefer coat*.—All-wool gray flannel, made in same contour as winter suit and with a half belt at the back waistline, red shoulder epaulets and silver buttons.

(d) *Raincoat*.—Made of gray water-repellent material. Single-breasted with inside patch pockets and all-round belt, the shoulder straps shall be gray in color and trimmed with silver buttons.

(e) *Blouse*.—White tucked rayon crepe, peter pan collar, and short sleeves.

(f) *Winter hat*.—Gray fur felt beret, side drape.

(g) *Summer hat*.—Official gray felt hat, with red band $\frac{1}{8}$ of an inch wide.

(h) *Handbag*.—Oval-shaped with shoulder strap, made of all-wool flannel to match reefer coat, for winter, and in modified form for summer.

(i) *Gloves*.—Short black leather or fabric; plain. Short white fabric, plain.

(j) *Shoes*.—Plain black leather, low or medium heel, closed toes and heels. White shoes are optional for summer wear.

(k) *Stockings*.—Neutral beige in color, without clocks or decorations.

§ 30.2 *Prescribed distinctive insignia*.—Student nurses receiving training pursuant to an approved plan and nurses who have been graduated pursuant to training received under the provisions of Public Law 74, 78th Congress, June 15, 1943, and any amendments thereto, and who are engaged in essential civilian nursing services for the duration of the present war shall wear the following insignia on their uniforms:

(a) *Beret emblem*.—Large size metal cap device of the United States Public Health Service, to be worn either directly at the front of the beret or at the left-front.

(b) *Lapel insignia*.—Two pairs of silver insignia pins bearing corps device of the United States Public Health Service. One pair of insignia pins is for the right and left lapels of the suit jacket, one pair for the reefer coat lapels. The winged caduceus should be vertical, and the anchor ring $\frac{1}{4}$ of an inch from the point of the lapel. Silver lapel insignia pins may be removed from outdoor uniform and used on collar tips of school uniform, if the institution shall so determine.

(c) *Shoulder epaulet markings*.

Pre-Cadet Nurse: Plain epaulets.

Junior Cadet Nurse: One silver Maltese cross centered on each epaulet.

Senior Cadet Nurse: Two silver Maltese crosses on each epaulet placed $\frac{1}{4}$ of an inch front and back of shoulder seam.

Graduate Cadet Nurses Engaged in Essential Civilian Nursing Services: Three silver Maltese crosses spaced evenly on each epaulet.

(d) *Sleeve markings*.—(1) Sleeve markings to show the United States Cadet Nurse Corps insignia which is a white Maltese cross on a red oval with the letters U. S. imposed bordered by the words "Cadet Nurse," in white. This insignia is to be worn on the left sleeve three inches below the seam. The sleeve marking for winter uniform shall be made of matching all-wool gray flannel. The sleeve marking for summer uniform shall be made of washable white cotton duck.

(2) The sleeve insignia may also be worn on front or left of bib or at any other appropriate place on indoor uniform designated by the school.

(3) Graduate Cadet Nurses engaged in essential civilian nursing services for the duration of the present war shall wear sleeve insignia bearing the word "Graduate" above the word "Cadet."

(e) *Buttons*.—Buttons are marked with the corps device of the United States Public Health Service.

§ 30.3 *Patent on design of uniforms*.—The approved design for the United States Cadet Nurse Corps uniform is subject to a patent which has been assigned to the National Nursing Council for War Service, Inc.

§ 30.4 *Institution to supply uniform*.—The institution shall supply all items of uniform above-mentioned and all designated distinctive insignia to student nurses under approved plans, with the exception of the following items of wearing apparel:

(1) Gloves.

(2) Shoes.

(3) Stockings.

§ 30.5 *Purchase of additional items of equipment*.—Persons authorized to wear the uniform may purchase additional items of equipment or insignia at their own expense.

§ 30.6 *Wearing of the uniform*.—All uniforms shall be kept neat and clean at all times. The wearing of the uniform shall be optional except that the school may prescribe

the occasions when the wearing of the uniform and the designated distinctive insignia shall be mandatory. Schools shall also prescribe the periods when summer uniforms shall be worn and the periods when the winter uniforms shall be worn. When the uniform is worn, it must be complete except that the reefer coat or the raincoat may be worn with the indoor uniform of the school.

§ 30.7 Persons eligible to wear the prescribed uniform and the designated distinctive insignia.—Cadet nurses receiving training pursuant to an approved plan and nurses who have been graduated pursuant to training received under the provisions of Public Law 74, 78th Congress, June 15, 1943, and any amendments thereto, and who are engaged in essential civilian nursing services for the duration of the present war are authorized to wear the uniform and insignia designated in §§ 30.1 and 30.2.

§ 30.8 Persons eligible to wear the uniform without the designated distinctive insignia under § 30.2 (d).—Nurses receiving postgraduate instruction under Public Law 74, 78th Congress, graduate nurses who are employed in the training of U. S. Cadet Nurses, and persons employed in connection with the administration of Public Law 74, 78th Congress, and any amendments thereto, and who have been authorized by the Surgeon General may wear the uniform and insignia designated or prescribed in these Regulations without the designated distinctive insignia under § 30.2 (d): *Provided, however, That they shall purchase the uniforms at their own expense: And further provided, That they shall replace the words "Cadet Nurse" with the words "Nurse Education" on the sleeve markings and shall wear shoulder epaulets containing three silver Maltese crosses spaced evenly on each epaulet.*

Dated: April 15, 1944.

[SEAL]

THOMAS PARRAN, *Surgeon General.*

Approved: April 17, 1944.

PAUL V. McNUTT,

Federal Security Administrator.

[F. R. Doc. 44-5560; Filed, April 19, 1944; 10:56 a. m.]

A-13. General Circular No. 97, February 1, 1946.

PUBLIC HEALTH SERVICE REORGANIZATION ORDER NO. 3

Subject: Organization of Division of Nursing.

Pursuant to the authority contained in section 202 of the Public Health Service Act approved July 1, 1944 (42 U. S. C. 203), the following order is promulgated:

There is hereby established within the Office of the Surgeon General a Division of Nursing. This division shall have general supervision over all nursing operations carried on by the Public Health Service and professional supervision over all nursing personnel of the Public Health Service, including personnel assigned for duty with other governmental agencies.

The Chief of the Division of Nursing shall advise the Surgeon General regarding plans, programs, and policies for the Public Health Service in relation to all nursing activities, including recruitment and training of nurses, standards for nursing practices, standards for nursing personnel, and projects for studies and research in nursing and those involving nursing.

The Division of Nurse Education heretofore existing and included within the Office of the Surgeon General, is hereby abolished. The Chief of the Division of Nursing shall direct all activities of the Public Health Service in administering the Nurse Training Act of June 15, 1943, as amended (50 U. S. C. Appendix 1451-1462). The Chief of the Division of Nursing shall advise the Surgeon General respecting regulations, agreements, policies, approval of plans, the determination of amounts to be paid institutions having approved plans, and other relevant matters.

SURGEON GENERAL.

Approved:

(Sgd.) M. COLLINS, *Acting Administrator.*

A-14. General Circular No. 70, Supplement 5, June 6, 1949. Serial No. 491.

ORGANIZATION ORDER NO. 24

Subject: Division of Nursing Resources.

1. Pursuant to authority contained in General Circular No. 70, the Division of Nursing in the Office of the Surgeon General is abolished, and a Division of Nursing Resources in the Bureau of Medical Services is established.

2. The Division of Nursing Resources shall advise on and encourage the development and maintenance of quality and efficiency in the nursing aspects of remedial care, including the formulation of applied technical procedures and standards, and professional eval-

ation of results attained in the Bureau of Medical Services nursing activities, and shall collaborate with nursing staffs elsewhere in the Service in furthering the utilization and improvement of nursing methods and resources for the Nation.

3. In accordance with paragraph 5 (b) of General Circular No. 70 the functions and personnel of the Division of Nursing not assigned to the Division of Commissioned Officers are transferred to the Bureau of Medical Services and assigned to this division.

R. C. WILLIAMS,
*Assistant Surgeon General,
Chief, Bureau of Medical Services.*

W. P. DEARING,
*Deputy Surgeon General,
Chief, Office of the Surgeon General.*

Approved:

LEONARD SCHEELE,
Surgeon General.

A-15. (Copy)

THE WHITE HOUSE, Washington, September 6, 1945.

MY DEAR DR. PARRAN: In view of recent developments in the course of the war, measures should be taken to bring about an early termination of the program for the training of nurses that was established by the act of June 15, 1943 (57 Stat. 153).

It appears that it will not be necessary or in the public interest to continue to initiate training courses for this program after October 15, 1945, for the purpose of assuring a supply of nurses for the armed services, Governmental and civilian hospitals, health agencies, and war industries. I therefore request you to terminate the recruitment of students and graduate nurses immediately and to see to it that no students are enrolled in courses under the act which begins after October 15, 1945.

Sincerely yours,

(S) HARRY S. TRUMAN.

DR. THOMAS PARRAN, *Surgeon General,
Public Health Service, Washington, D. C.*

appendix b

TABLE A.—Number and percent of girls graduated from all high schools who enrolled in schools of nursing by year, 1935–48¹

Year	Girls gradu- ated from high schools ²	Students admitted to schools of nursing	
		Number ³	Percent of graduates
1935.....	506,361	30,200	6.0
1936.....	529,729	31,600	6.0
1937.....	562,839	32,300	5.7
1938.....	595,950	35,445	5.9
1939.....	619,353	36,720	5.9
1940.....	642,757	38,113	5.9
1941.....	654,207	41,397	6.3
1942.....	665,658	47,500	7.1
1943.....	635,184	53,074	8.4
1944.....	595,262	67,051	11.3
1945.....	615,528	56,567	9.2
1946.....	613,107	30,899	5.0
1947.....	568,461	38,210	6.7
1948.....	565,529	43,373	7.7

¹ Source: Office of Education and "Facts About Nursing."

² The figures in this column are for the school year.

³ The figures in this column are for the calendar year.

TABLE B.—Total number of schools of nursing and number participating in the Cadet Nurse Program, by State and Territory¹

State or Territory	All schools (April 1945)	Schools in Cadet program (1943–45)	State or Territory	All schools (April 1945)	Schools in Cadet program (1943–45)
All areas.....	1,312	1,125			
Alabama.....	22	15	Connecticut.....	20	19
Arizona.....	5	5	Delaware.....	7	6
Arkansas.....	8	8	District of Columbia.....	9	8
California.....	41	35	Florida.....	13	10
Colorado.....	13	12	Georgia.....	16	14

See footnote at end of table.

TABLE B.—*Total number of schools of nursing and number participating in the Cadet Nurse Program, by State and Territory*¹—Continued

State or Territory	All schools (April 1945)	Schools in Cadet program (1943-45)	State or Territory	All schools (April 1945)	Schools in Cadet program (1943-45)
Hawaii.....	2	0	New Mexico.....	1	1
Idaho.....	8	7	New York.....	120	105
Illinois.....	97	86	North Carolina.....	46	31
Indiana.....	28	24	North Dakota.....	14	15
Iowa.....	31	27	Ohio.....	65	61
Kansas.....	35	32	Oklahoma.....	13	13
Kentucky.....	14	14	Oregon.....	12	11
Louisiana.....	16	14	Pennsylvania.....	125	110
Maine.....	15	10	Puerto Rico.....	10	7
Maryland.....	23	16	Rhode Island.....	6	6
Massachusetts.....	63	58	South Carolina.....	17	15
Michigan.....	38	34	South Dakota.....	15	13
Minnesota.....	25	23	Tennessee.....	18	14
Mississippi.....	25	3	Texas.....	39	35
Missouri.....	31	27	Utah.....	6	6
Montana.....	13	10	Vermont.....	9	7
Nebraska.....	13	12	Virginia.....	30	28
Nevada.....	0	0	Washington.....	22	22
New Hampshire.....	14	13	West Virginia.....	28	17
New Jersey.....	44	41	Wisconsin.....	25	23
			Wyoming.....	2	2

¹ Source: Data for all schools supplied by National League of Nursing Education. Data for schools participating in cadet program derived from approved applications for participation. Division of Nurse Education, U. S. Public Health Service, Federal Security Administration.

Schools participating in the cadet program also enrolled students who were not cadets.

TABLE C.—*Enrollment in the Cadet Nurse Corps and new admissions to the Corps, July 1, 1943, to Dec. 31, 1948*¹

Year	Enrollment ²	New admissions ³	Year	Enrollment ⁴	New admissions ⁵
1943.....		69,274	1946.....	109,017	(4)
1944.....	66,854	60,243	1947.....	68,541	(4)
1945.....	101,485	49,911	1948.....	29,879	(4)

¹ Source: Quarterly enrollment reports (Forms 70, 71, and 75) submitted by schools of nursing participating in the program.

² Enrollments are as of Jan. 1. The enrollment in any year includes prior year's enrollment plus new admissions and minus graduations and withdrawals.

³ Admissions are for the calendar year.

⁴ The all-time high enrollment of 117,679 was reached Sept. 30, 1945.

⁵ There were no new admissions after Oct. 15, 1945.

TABLE D.—*Students withdrawing from Cadet Nurse Corps before completion of training classified by reason for withdrawal*¹

Reason for withdrawal	Withdrawals	
	Number	Percent
All reasons.....	55,986	100.0
Failure to meet academic standards.....	14,726	26.4
Failure to meet other standards.....	4,054	7.2
Marriage.....	10,437	18.6
Health.....	8,433	15.1
Maladjustment and loss of interest.....	7,240	12.9
Other personal reasons.....	7,727	13.8
Family needs.....	1,081	1.9
Other reasons.....	339	.6
No reason given.....	1,949	3.5

¹ Source: Form 71, report of withdrawals, submitted quarterly by participating schools.

TABLE E.—*Students admitted to schools of nursing and number and proportion withdrawing prior to graduation, by year of admission, 1935-46*¹

Year admitted	Students admitted	Students with-drawal	
		Number	Per-cent
1935.....	30,200	9,500	31.5
1936.....	31,600	9,100	28.8
1937.....	32,300	8,700	26.9
1938.....	35,445	10,546	29.8
1939.....	36,720	11,107	30.2
1940.....	38,113	11,297	29.6
1941.....	41,397	13,121	31.7
1942.....	47,500	15,779	33.2
1943.....	53,074	16,879	31.8
1944.....	67,051	26,307	39.2
1945.....	56,587	22,299	39.4
1946.....	30,899	9,520	30.8
1947.....	38,210	(2)	(2)
1948.....	43,373	(2)	(2)
1949.....	43,612	(2)	(2)

¹ National League of Nursing Education.

² Data are not yet available.

TABLE F.—*Fields of nursing service to which Senior Cadet Nurses were assigned, July 1, 1948, to Dec. 31, 1948*¹

Assignment	Students assigned	
	Number	Percent
Grand total.....	116,717	100.0
Military hospitals.....	7,466	6.4
Army.....	6,358	5.4
Navy.....	1,106	1.0
Other Federal hospitals.....	10,009	8.6
Veterans' Administration.....	7,907	6.8
Marine hospitals, Public Health Service.....	974	.8
Indian service.....	1,128	1.0
Non-Federal hospitals.....	94,378	80.9
Hospitals where trained.....	85,171	73.0
Other hospitals with schools of nursing.....	4,448	3.8
Other hospitals with no school of nursing.....	4,759	4.1
Public health nursing agency.....	2,162	1.8
Other nursing service.....	714	.6
Not reported.....	1,990	1.7

¹ Sources: Forms 310 and 529 submitted by schools of nursing participating in the Cadet program. Reports of Federal assignments from Civil Service Commission.

TABLE G.—*Federal nurse-training programs appropriations and expenditures, 1944-49*¹

	1944	1945	1946	1947	1948	1949 ²	Total
Net appropriations.....	\$55,186,900	\$62,942,200	\$41,334,500	\$12,785,178	\$3,955,197	\$372,500	\$179,616,534
FUNDS EXPENDED							
Administrative.....	333,244	506,196	442,712	432,060	314,650	363,741	2,411,603
Grants to schools of nursing:							
Basic programs (Cadet Nurse Corps).....	45,817,326	53,776,327	36,219,033	11,112,812	2,100,980	.....	140,026,478
Postgraduate and refresher.....	1,046,122	1,654,742	763,986	.....	.....	.....	3,464,850
Total grants.....	46,863,448	55,431,069	36,983,019	11,112,812	2,100,980	.....	152,491,328
Outdoor uniforms.....	2,385,444	2,434,883	.....	.....	.....	.....	4,820,327
Recruitment ⁴	258,290	263,177	81,512	.....	.....	.....	602,979
Total funds expended.....	49,840,426	58,635,325	34,526,243	11,544,872	2,415,630	363,741	160,326,237

¹ Subject to adjustment.

² Covers period July 1, 1948, to Dec. 31, 1949.

³ The sum of \$15,733,922 was rescinded after VJ-day.

⁴ National Nursing Council and American Hospital Association.

TABLE H.—Number of institutions offering postgraduate courses under the Nurse Training Act, and number of students enrolled in these courses, 1943-44 to 1945-46¹

Program	Institutions	Students
All programs.....	² 106	17,034
Regular programs.....	² 57	10,309
Advanced nursing education:		
Complete programs.....	27	5,498
Partial programs.....	4	221
Public health nursing.....	32	4,072
Supplemental clinical nursing.....	3	109
Psychiatric nursing.....	4	105
Midwifery.....	4	68
Nurse anesthetists.....	8	236
Intensive programs.....	² 70	6,685
On-the-job courses.....	70	6,516
Trainer courses.....	6	169

¹ Source: Form 171 (Report of Post Graduate Students) received from schools participating in post-graduate programs.

² Discrepancy between total and sum of separate items due to participation in more than one program by certain institutions.

TABLE I.—Schools of nursing in the United States and number of students admitted, enrolled, and graduated 1935-49¹

Year	Number schools	Students admitted	Students enrolled			Students graduated
			Total	Diploma	Degree	
1935.....	1,472	30,200	67,533	.....	.....	19,600
1936.....	1,417	31,600	69,589	.....	.....	18,600
1937.....	1,389	32,300	73,286	.....	.....	20,400
1938.....	1,349	35,445	74,305	.....	.....	20,700
1939.....	1,328	36,720	82,100	.....	.....	22,500
1940.....	1,311	38,113	85,156	.....	.....	23,600
1941.....	1,303	41,397	87,588	.....	.....	24,899
1942.....	1,299	47,500	91,457	.....	.....	25,613
1943.....	1,297	53,074	100,486	91,246	² 9,240	26,816
1944.....	1,307	67,051	112,249	100,467	² 11,782	28,276
1945.....	1,295	56,567	² 126,576	113,052	² 13,524	31,721
1946.....	1,271	30,899	128,828	121,654	7,174	36,195
1947.....	1,253	38,210	106,900	101,425	5,475	40,744
1948.....	1,245	43,373	91,643	85,597	6,046	34,268
1949.....	1,215	43,612	88,817	82,182	6,635	.....

¹ Source: National League of Nursing Education. Admission and graduation figures are totals for the calendar year. Enrollment figures are as of Jan. 1 for each year.

² Estimated from Facts About Nursing, 1946, p. 39.





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